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VACS Baseline Patient Questionnaire

ID Clinic

Date of Visit (MM/DD/YYYY): ☐☐☐☐☐☐☐☐☐☐

Study ID: ☐☐☐☐☐☐

1. When did you get your first HIV test that was positive?

Month
- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

Year ☐☐☐☐

2. After you got your first positive HIV test result, how many months was it until you got medical care for HIV? Meaning more testing or an exam?

☐☐ Months

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PRE-EXISTING CONDITIONS

3. Has your doctor ever told you that you have the following?

	Yes	No
a. Angina or Coronary Heart Disease	☐	☐
b. Heart Attack or Myocardial Infarction	☐	☐
c. Congestive Heart Failure, also called weak heart or fluid on the lungs	☐	☐
d. Bad circulation in your legs or feet	☐	☐
e. Stroke or "mini" stroke (Transient Ischemic Attack)	☐	☐

4. Has your doctor ever told you that you have any of the following?

	Yes	No
a. Intermittent claudication or pain in legs from blockage of the arteries	☐	☐
b. Deep vein thrombosis (DVT) blood clot in legs	☐	☐
c. A blood clot in your lungs or a pulmonary embolism	☐	☐

5. Have you ever had any of the following procedures in or out of the hospital?

	Yes	No
a. Angioplasty, PTCA, coronary artery bypass graft for CABG or any procedure to open up arteries in your heart	☐	☐
b. Cardiac catheterization or coronary angiography	☐	☐
c. Any procedure to open up arteries in your legs	☐	☐

6a. Have you ever broken a bone? (If no, skip to question 7)

☐ Yes
☐ No

6b. If yes, what bones have you broken? (Please mark all that apply)

☐ Hip
☐ Spine
☐ Wrist
☐ Upper arm
☐ Other

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6c. How did you break the bone? (Please mark all that apply)

- ☐ Tripped/slipped
- ☐ Fell down stairs/off a ladder
- ☐ Was in a car accident/motor vehicle accident
- ☐ Was in a fight
- ☐ Was playing a sport
- ☐ Other

7. Have either of your parents ever broken a hip?

- ☐ Yes
- ☐ No
- ☐ Don't know

The next set of questions ask about medications that you take on a regular or daily basis.

8. How often do you take aspirin (regular or baby aspirin or enteric coated)?

- ☐ Daily
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ Less than once a week
- ☐ Do not take regularly

9. If you have taken aspirin what was your usual dose?

- ☐ 81mg=baby
- ☐ 160mg=half pill
- ☐ 250mg=in Excedrin
- ☐ 325mg=usual size
- ☐ 500mg=extra strength

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10. Who recommended you to take aspirin?

- ☐ VA Doctor
- ☐ Non VA Doctor
- ☐ Decided for myself
- ☐ Friend recommended
- ☐ None of the above

11. In the past 30 days, how many days did you take aspirin?

☐☐

12. Have you stopped taking aspirin?

- ☐ Yes
- ☐ No

13. If you stopped taking aspirin, why did you stop? (Please mark all that apply)

- ☐ I experienced side effects
- ☐ A health care provider told me to stop taking it
- ☐ It was replaced with other treatments
- ☐ I had an allergic reaction to the medication
- ☐ I developed a medical condition which prevented me from taking it safely
- ☐ I saw/read a negative story about aspirin in the media
- ☐ I just decided to stop for no specific reason
- ☐ I was taking too many pills
- ☐ I ran out of pills and did not get more

14. How much do you agree or disagree with the following statement? The benefits of aspirin therapy generally outweigh the risks.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree or disagree
- ☐ Somewhat agree
- ☐ Strongly agree

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15. Which of the following do you believe are the main drawbacks to using aspirin? (Please mark all that apply)

- ☐ I don't like taking another pill
- ☐ Upset or painful stomach
- ☐ Risk of bleeding
- ☐ Dangerous interaction with other medicines

16. Have you ever taken orally (by mouth) or inhaled steroid medications such as cortisol/hydrocortisone, prednisone, prednisolone, dexamethasone?

- ☐ Yes
- ☐ No

17. Have you ever taken testosterone supplements by mouth, injection, patch or gel?

- ☐ Yes
- ☐ No

18. Have you ever taken calcium and/or vitamin D supplements?

- ☐ Yes
- ☐ No

19. Have you used any of the following therapies in the past year?

	Yes	No
a. Acupuncture/Acupressure	☐	☐
b. Chiropractic	☐	☐
c. Herbs/Herbal Medicine	☐	☐
d. Homeopathy	☐	☐
e. Imagery	☐	☐
f. Massage	☐	☐
g. Meditation/Prayer/Spiritual Healing	☐	☐
h. Relaxation/Breathing Exercises	☐	☐
i. Self-help/Support Groups	☐	☐
j. Special Diet	☐	☐
k. St. John's Wort	☐	☐
l. Vitamins/Minerals	☐	☐
m. Other	☐	☐

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20. How often do you engage in regular activities (e.g. brisk walking, jogging, bicycling, etc.) long enough to work up a sweat?

- ☐ Never
- ☐ Less than once a week
- ☐ 1 - 2 times a week
- ☐ 3 - 4 times a week
- ☐ 5 or more times a week

Housing Status

21. Have you ever been without a permanent address that you call home? (If no, skip to question 25)

- ☐ Yes
- ☐ No

22. If you have been without a permanent address that you call home, for how long did this last?

- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ More than a year

23a. In the last 12 months have you spent at least one night in any of the following places (Please mark all that apply):

- ☐ In a shelter for homeless persons
- ☐ On the street or in a public place not intended for sleeping (e.g., abandoned building, subway or car)
- ☐ In a welfare hotel or Single Room Occupancy
- ☐ In any emergency, temporary, transitional housing program, or halfway house
- ☐ Doubled up with others, in someone else's house/apartment
- ☐ In drug treatment, detox, or drug program housing
- ☐ None of the above

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23b. Are you currently living in any of the following places?

- ☐ In a shelter for homeless persons
- ☐ On the street or in a public place not intended for sleeping (e.g., abandoned building, subway or car)
- ☐ In a welfare hotel or Single Room Occupancy
- ☐ In any emergency, temporary, transitional housing program, or halfway house
- ☐ Doubled up with others, in someone else's house/apartment
- ☐ In drug treatment, detox, or drug program housing
- ☐ None of the above

24a. How many months have you lived there?

- ☐ Less than a month
- ☐ 1-2 months
- ☐ 3-4 months
- ☐ 5-6 months
- ☐ 6 months or more

24b. How long ago did you start living there?

- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ More than 12 months

The following questions are related to incarceration (time spent in a jail, prison, detention center, or juvenile correctional facility). Your responses will be kept completely confidential.

25. Have you ever spent any time in a jail, prison, detention center, or juvenile correctional facility? (If no, skip to question 30)

- ☐ Yes
- ☐ No
- ☐ Don't know

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26. How old were you when you first spent time in a jail, prison, detention center, or juvenile correctional facility?

- ☐ Under 18
- ☐ 18 years old
- ☐ 19-30 years old
- ☐ 31-50 years old
- ☐ Greater than 50 years old
- ☐ Don't know

27. How many times have you been in a jail, prison, detention center, or juvenile correctional facility?

- ☐ 1
- ☐ 2-5
- ☐ 6-10
- ☐ Greater than 10
- ☐ Don't know

28. In your entire life, how much time total have you been in a jail, prison, detention center, or juvenile correctional facility?

- ☐ Less than a month
- ☐ Less than a year
- ☐ Between 1-5 years
- ☐ More than 5 years
- ☐ Don't know

29. In the past year, how much time have you spent in a jail, prison, or detention center?

- ☐ 0 days
- ☐ Less than 7 days
- ☐ 8-30 days
- ☐ 1-3 months
- ☐ Greater than 3 months

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SMOKING

30a. Have you smoked at least 100 cigars or pipes in your entire life?

- ☐ Yes
- ☐ No

30b. If yes, do you smoke cigars or pipes now?

- ☐ Yes
- ☐ No

31. Have you smoked at least 100 cigarettes (5 packs) in your entire life? (If no, skip to question 39)

- ☐ Yes (Please answer all questions whether you are a current or a past smoker)
- ☐ No

32. How old were you when you FIRST started to smoke fairly REGULARLY? (Age in years)

☐☐

33. How long has it been since you last smoked cigarettes?

- ☐ Less than a month
- ☐ 1-5 months
- ☐ 6-11 months
- ☐ 1-5 years
- ☐ 5-10 years
- ☐ More than 10 years
- ☐ Still Smoking

34. How many cigarettes do you smoke per day NOW? (Cigarettes per day)

☐☐☐

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35. When you are (were) smoking, how soon after you wake up (woke up) do you (did you) smoke your first cigarette?

- ☐ After 60 minutes
- ☐ 31-60 minutes
- ☐ 6-30 minutes
- ☐ Within 5 minutes

36. Please look at the scale below. Each statement represents where various people are in thinking about quitting smoking. Mark the statement that best indicates where you are now.

- ☐ Have already quit
- ☐ Thinking about quitting
- ☐ Not ready to quit
- ☐ Not sure
- ☐ Not thinking about quitting

37. How many times have you tried (did you try) to quit smoking? (Number of times)

☐☐

38. If you ever started smoking again after quitting, what made you start? (Please mark all that apply)

- ☐ I had a drink of alcohol and let my guard down
- ☐ I smoked a joint of marijuana and let my guard down
- ☐ I took some pain medication and let my guard down
- ☐ I was using street drugs and let my guard down
- ☐ My friends were smoking
- ☐ My spouse/partner/housemates were smoking
- ☐ I was upset (angry, stressed, or annoyed)
- ☐ I was in pain
- ☐ I was sad or depressed
- ☐ I was bored
- ☐ I couldn't stop thinking about having a cigarette
- ☐ I did not restart
- ☐ None of the above

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39. These are questions about how often your lung/respiratory problems have affected you over the past 12 months. Please mark one answer for each question.

	Almost every day	Several days a week	A few days a month	Only with Lung or Respiratory infections	Not at all
Over the last one year I have					
a. Coughed	☐	☐	☐	☐	☐
b. Brought up phlegm	☐	☐	☐	☐	☐
c. Had shortness of breath	☐	☐	☐	☐	☐
d. Had episodes of wheezing	☐	☐	☐	☐	☐

ALCOHOL

NOTE: For answering these questions, one "drink" is equal to 12 ounces of beer (1 can), or 4 ounces of wine (1 glass), or 1 ounce of liquor (1 shot).

40. Have you EVER had a drink of alcohol? (If no, skip to question 53)

- ☐ Yes
- ☐ No, never

41. When was the last time you had a drink?

- ☐ In the last 30 days
- ☐ In the last 12 months
- ☐ 1-2 years ago
- ☐ 3-5 years ago
- ☐ 5-10 years ago
- ☐ more than 10 years ago

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ALCOHOL (continued...)

42. How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ 4 or more times a week

43. How many drinks containing alcohol do you have on a typical day when you are drinking?

- ☐ 1 to 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more

44. When you are drinking, how often do you have 6 or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

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ALCOHOL (continued...)

45. How many drinks of alcohol does it take for you to begin to feel a buzz or high?

- ☐ Have never felt a buzz or high
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8 or more

46. How many drinks of alcohol does it take for you to begin to lose control or feel drunk?

- ☐ Have never felt this way
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 or more

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47. Have you EVER had problems with alcohol? (If no, skip to question 53)

- ☐ Yes
- ☐ No

48. Did you stop drinking because of these problems?

- ☐ Yes
- ☐ No

49. Have you tried to cut down or quit your drinking?

- ☐ Yes
- ☐ No

50. Were you successful the first time you tried?

- ☐ Yes
- ☐ No

51. If no, what made you start (or increase) your drinking again? (Please mark all that apply)

- ☐ I had a cigarette and let my guard down
- ☐ I smoked a joint of marijuana and let my guard down
- ☐ I took some pain medication and let my guard down
- ☐ I was using street drugs and let my guard down
- ☐ My friends were drinking
- ☐ My spouse/partner/housemate were drinking
- ☐ I was upset
- ☐ I was in pain
- ☐ I was depressed
- ☐ Other

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52. If you have stopped or cut down your drinking, how many times did you try before succeeding?

- ☐ 1
- ☐ 2-3
- ☐ 4-5
- ☐ 6-7
- ☐ 8 or more

53. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug.

	Have never tried	No use in the last year	Less than once a month	1-3 times a month	1 - 3 times a week	4 - 6 times a week	Every day
a. Marijuana or Hashish	☐	☐	☐	☐	☐	☐	☐
b. Cocaine or Crack	☐	☐	☐	☐	☐	☐	☐
c. Stimulants (amphetamines, uppers, speed, crank, crystal meth, bam)	☐	☐	☐	☐	☐	☐	☐
d. Heroin	☐	☐	☐	☐	☐	☐	☐
e. Prescription Painkillers(such as Oxycontin, vicodin, Percocet)	☐	☐	☐	☐	☐	☐	☐
f. Prescription, benzodiazepines(Valium, Deastat, Ativan)	☐	☐	☐	☐	☐	☐	☐
g. Other	☐	☐	☐	☐	☐	☐	☐

54. In the <u>past 12 months</u>, have you ever used a needle to inject any drug? (DO NOT include anything you took under a doctor's order)

- ☐ Yes
- ☐ No

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55. Each statement below represents where various people are in thinking about changing their drug use/habits. Please mark the statement that best indicates where you are now.

- ☐ Have already changed
- ☐ Thinking about changing
- ☐ Not ready
- ☐ Not sure
- ☐ Not thinking about changing

BEHAVIOR

56. In order to compare our study with the results of other studies, we'd like to know if you have ever done any of the following things.

Have you:

	Yes	No	Don't know
a. Had sex with a man?	☐	☐	☐
b. Had sex with a woman?	☐	☐	☐
c. Injected drugs?	☐	☐	☐
d. Had sex with someone you know or believe to have been an IV or injected drug user?	☐	☐	☐
e. Had sex with someone you know or believe to have been bisexual?	☐	☐	☐
f. Received clotting factor for hemophilia or other blood clotting disorder?	☐	☐	☐
g. Received transfusion of blood components other than clotting factor?	☐	☐	☐

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The next questions are about your sexual behavior. We recognize the following questions may be personal. We ask you to complete them to the best of your ability. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms.

57. When you were diagnosed with HIV, did you tell all your sexual partners so that they could get tested and treated?

- ☐ I told every partner
- ☐ I told some partners but not all of them
- ☐ I did not tell any of them
- ☐ I tried to notify my partners but I could not find them
- ☐ I had the health department notify my partners for me
- ☐ I prefer not to answer this question

58. Do you always tell your sexual partners that you have HIV now?

- ☐ I tell every partner
- ☐ I tell some partners but not all of them
- ☐ I do not tell any of them
- ☐ I try to notify my partners but I cannot find them
- ☐ I have the health department notify my partners for me
- ☐ I prefer not to answer this question

59. During the <u>past 12 months</u>, have you had sex? (If no, skip to question 71)

- ☐ Yes
- ☐ No

60. Thinking back about the <u>last time</u> you had sex, did you or your partner use a condom?

- ☐ Yes
- ☐ No

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61. During the past 12 months, have you had sex with only males, only females, or with both males and females?

- ☐ Only males
- ☐ Only females
- ☐ Both males and females

62. How many sexual partners have you had in the last 12 months?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8 or more

63. In past 12 months, have you used any prescription drug to improve sexual performance, such as Viagra, Cialis or Levitra?

- ☐ Yes
- ☐ No

64. Thinking about last time you had sex, had you been drinking alcohol?

- ☐ Yes
- ☐ No

65. In past 12 months, have you had unprotected sex (not used condom) because you were drinking alcohol?

- ☐ Yes
- ☐ No

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66. In the past 12 months, have you had unprotected sex (not used a condom) because you were using drugs?

- ☐ Yes
- ☐ No

67. In the past 12 months, have you had unprotected sex (not used a condom) with someone you know has multiple partners?

- ☐ Yes
- ☐ No
- ☐ Unsure

68. In the past 12 months have you paid for sex?

- ☐ Yes
- ☐ No

69. In the past 12 months have you <u>been paid</u> for sex?

- ☐ Yes
- ☐ No

70. In the past 12 months have you been diagnosed with a sexually transmitted disease?

- ☐ Yes
- ☐ No

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SOCIAL ASPECTS OF HEALTH

71. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree.

	Strongly agree	Agree	Disagree	Strongly disagree
a. I want to take an active role in the medical management of my disease and its complications.	☐	☐	☐	☐
b. It is better to trust a doctor or nurse in charge of a medical procedure than to question what they are doing.	☐	☐	☐	☐
c. I want to know as much as I can about the medical aspects of my disease and treatment.	☐	☐	☐	☐
d. I'd rather have doctors and nurses make decisions about what's best rather than for them to give me a lot of choices.	☐	☐	☐	☐

72. How often do you see or hear from relatives or close friends? Would you say less than once a month, about once a month, a few times a month, a few times a week, every day?

	Less than once a month	Monthly	A few times a month	A few times a week	Daily
Relatives?	☐	☐	☐	☐	☐
Close friends?	☐	☐	☐	☐	☐

73. How many close friends or family do you have with whom you feel at ease, can talk about private matters, or can call on for help?

	None	One	Two	Three or four	Five to eight	Nine or more
Close friends or family...	☐	☐	☐	☐	☐	☐

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74. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

	All of the time	Most of the time	A good bit of the time	Some of the time	Little of the time	None of the time
a. Used my situation to change or grow as a person?	☐	☐	☐	☐	☐	☐
b. Avoided being with people in general?	☐	☐	☐	☐	☐	☐
c. Kept yourself from thinking too much about it?	☐	☐	☐	☐	☐	☐
d. Asked other people for advice and information?	☐	☐	☐	☐	☐	☐
e. Criticized or lectured yourself?	☐	☐	☐	☐	☐	☐
f. Tried to keep yourself from worrying about it?	☐	☐	☐	☐	☐	☐
g. Talked to someone about how you were feeling about having it?	☐	☐	☐	☐	☐	☐
h. Tried to keep it from bothering you?	☐	☐	☐	☐	☐	☐
i. Involved yourself in volunteer work or a community organization?	☐	☐	☐	☐	☐	☐

HEALTH CARE UTILIZATION

75. If you could have free care outside the VA, would you choose to come to the VA again?

- ☐ Definitely would not
- ☐ Probably would not
- ☐ Probably would
- ☐ Definitley would

76. Medicare is a federal health program for seniors over 65 and certain younger disabled people. Do you have Medicare coverage? (Mark all that apply)

- ☐ Yes, for hospital care
- ☐ Yes, for doctor office visits
- ☐ Yes,for the Medicare+choice or HMO plan
- ☐ No, I have no Medicare coverage

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77. Medicaid is a state-run health insurance program for people whose income is below a certain level. Do you have Medicaid?

- ☐ Yes
- ☐ No

78. Do you have any other health insurance coverage?(Please mark all that apply)

- ☐ Yes, a medigap policy
- ☐ Yes, other private health insurance
- ☐ No, I have no other insurance

79. How many times have you used VA health care in the last 4 months?

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
For overnight stays in a hospital	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For outpatient care	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For nursing home/skilled nursing facility	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For mental health	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

80. How many times have you used health care outside the VA in the last 4 months?

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
For overnight stays in a hospital	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For outpatient care	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For nursing home/skilled nursing facility	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For mental health	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

81. Who helps care for you at home? (Please mark all that apply)

- ☐ Spouse or partner
- ☐ Other relative or friend
- ☐ Visiting nurse
- ☐ Need help but have no one
- ☐ Don't need help

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82. If you were hospitalized, do you have someone who could help you after you return home from the hospital? (Please mark all that apply)

- ☐ I live with other people whom I can count on to help me
- ☐ I have friends or family whom I can count on to help me
- ☐ I have no one whom I can count on to help me

83. Do you have one person you think of as your regular doctor?

- ☐ Yes, VA
- ☐ Yes, Non-VA
- ☐ No

84. All things considered, how much do you trust your regular doctor?

Not at all									Completely
1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

85. Do you know who to ask when you have questions about your care?

- ☐ Yes, always
- ☐ Yes, sometimes I do
- ☐ No
- ☐ Didn't have any questions

86. Do you know what the next step in your care will be?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

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87. Have any of the following been a problem for you in arranging for your medical care in the last 12 months? If so, how much of a problem?

	Yes, a big problem	Yes, a small problem	No, not a problem
Difficulty receiving care you and your doctor believed necessary	☐	☐	☐
Not being able to get a referral to a specialist that you wanted to see	☐	☐	☐

88. Overall, how would you rate the quality of care you received in the past two months?

☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

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SYMPTOMS

89. The following questions ask about symptoms you might have had during the past four weeks. Please select the response that best describes this symptom.

Please choose ONLY ONE response for each symptom.

	I have this symptom and...				
	I do not have this symptom	It doesn't bother me	It bothers me a little	It bothers me	It bothers me a lot
a. Fatigue or loss of energy?	☐	☐	☐	☐	☐
b. Fevers, chills, or sweats?	☐	☐	☐	☐	☐
c. Feeling dizzy or light headed?	☐	☐	☐	☐	☐
d. Pain, numbness, or tingling in the hands or feet?	☐	☐	☐	☐	☐
e. Trouble remembering?	☐	☐	☐	☐	☐
f. Nausea or vomiting?	☐	☐	☐	☐	☐
g. Diarrhea or loose bowel movements?	☐	☐	☐	☐	☐
h. Felt sad, down, or depressed?	☐	☐	☐	☐	☐
i. Felt nervous or anxious?	☐	☐	☐	☐	☐
j. Difficulty falling or staying asleep?	☐	☐	☐	☐	☐
k. Skin problems, such as rash, dryness, or itching?	☐	☐	☐	☐	☐
l. Cough or trouble catching your breath?	☐	☐	☐	☐	☐
m. Headache?	☐	☐	☐	☐	☐
n. Loss of appetite or change in the taste of food?	☐	☐	☐	☐	☐
o. Bloating, pain, or gas in your stomach?	☐	☐	☐	☐	☐
p. Muscle aches or joint pain?	☐	☐	☐	☐	☐
q. Problems with having sex, such as loss of interest or lack of satisfaction?	☐	☐	☐	☐	☐
r. Changes in the way your body looks, such as fat deposits or weight gain?	☐	☐	☐	☐	☐
s. Problems with weight loss or wasting?	☐	☐	☐	☐	☐
t. Hair loss or changes in the way your hair looks?	☐	☐	☐	☐	☐

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90. Do you think your symptoms from question #89 are caused by the drugs you take to treat your HIV infection?

- ☐ Yes
- ☐ No
- ☐ I do not take any medications for HIV

91. Do you think your symptoms from question #89 are caused by drugs you take to treat other medical conditions?

- ☐ Yes
- ☐ No

92. Do you think your symptoms from question #89 are caused by drinking alcohol?

- ☐ Yes
- ☐ No

93. Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

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94. If you checked off any problem listed above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

95. Choose one statement from among the group of four statements in each question that best describes how you have been feeling during the <u>past few days</u>.

a.

- ☐ I do not feel sad.
- ☐ I feel sad.
- ☐ I am sad all the time and I can't snap out of it.
- ☐ I am so sad or unhappy that I can't stand it.

b.

- ☐ I am not particularly discouraged about the future.
- ☐ I feel discouraged about the future.
- ☐ I feel I have nothing to look forward to.
- ☐ I feel that the future is hopeless and that things cannot improve.

c.

- ☐ I do not feel like a failure.
- ☐ I feel I have failed more than the average person.
- ☐ As I look back on my life, all I can see is a lot of failures.
- ☐ I feel I am a complete failure as a person.

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d.

- ☐ I get as much satisfaction out of things as I used to.
- ☐ I don't enjoy things the way I used to.
- ☐ I don't get any real satisfaction out of anything anymore.
- ☐ I am dissatisfied or bored with everything.

e.

- ☐ I don't feel disappointed in myself.
- ☐ I am disappointed in myself.
- ☐ I am disgusted with myself.
- ☐ I hate myself.

f.

- ☐ I don't feel I am any worse than anyone else.
- ☐ I am critical of myself for my weaknesses or mistakes.
- ☐ I blame myself all the time for my faults.
- ☐ I blame myself for everything bad that happens.

g.

- ☐ I don't have any thoughts of killing myself.
- ☐ I have thoughts of killing myself, but I would not carry them out.
- ☐ I would like to kill myself.
- ☐ I would kill myself if I had the chance.

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96. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement.

	Yes, I can do this	Yes, but only slowly	No, I cannot do this
a. Can you do heavy work at home, like scrubbing floors, lifting or moving heavy furniture?	☐	☐	☐
b. Can you do moderate work at home like moving a chair or table, or pushing a vacuum cleaner?	☐	☐	☐
c. Can you do light work around the house like dusting or washing dishes?	☐	☐	☐
d. If you want to, can you participate in active sports such as swimming, tennis, basketball, volleyball or rowing a boat?	☐	☐	☐
e. If you want to, can you run a short distance?	☐	☐	☐
f. Can you walk uphill or upstairs?	☐	☐	☐
g. Can you walk a block or more?	☐	☐	☐
h. Can you walk around inside the house?	☐	☐	☐
i. Can you walk to a table for meals?	☐	☐	☐
j. Can you dress yourself?	☐	☐	☐
k. Can you eat without help?	☐	☐	☐
l. Can you use the bathroom without help?	☐	☐	☐

These questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Please select the most appropriate answer. If you are unsure about how to answer, please give the best answer you can.

97. In general, would you say your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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98. The following items are about activities you might do during a typical day. Does your health <u>now limit</u> you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
b. Climbing several flights of stairs	☐	☐	☐

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other daily activities as a result of your physical health?

99. Accomplished less than you would like.

☐ Yes
☐ No

100. Were limited in the <u>kind</u> of work or other activities.

☐ Yes
☐ No

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

101. <u>Accomplished less</u> than you would like.

☐ Yes
☐ No

102. Didn't do work or other activities as <u>carefully</u> as usual.

☐ Yes
☐ No

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103. During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

These questions are about how you feel and how things have been with you during the <u>past 4 weeks</u>. For each question, please give the one answer that come closest to the way you have been feeling.

104. How much of the time during the <u>past 4 weeks</u>

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
b. Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
c. Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐

105. During the <u>past 4 weeks</u>, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

106. What number best describes your pain on average in the past week:

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0(No Pain)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10 (Worst Pain ever)**

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107. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

☐ 0(Does not interfere)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10(Totally interfers)

108. What number best describes how, during the past week pain has interfered with your general activity?

☐ 0(Does not interfere)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10(Totally interfers)

109. In the last 6 months, have you felt pain or an uncomfortable sensation in both your feet at the same time? (If no, skip to question 114.)

☐ Yes

☐ No

110. Please use the scale below to tell us how intense your pain feels.

☐ 0(No pain)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10(Worst pain ever)

111. Please use the scale below to tell us how sharply your pain feels. Sharp can mean "stabbing", "jabbing", "like jolts of electricity", or "like a knife".

☐ 0(No pain)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10(Worst pain ever)

112. Please use the scale below to tell us how sensitive your skin is to clothing, bed sheets, or to light touching. Sensitive can mean "raw skin" or feel like they are sunburned.

☐ 0(No pain)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10(Worst sensation ever)

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113. Please use the scale below to tell us how hot your pain feels. Hot can mean "on fire", "or burning".

0(No pain)	1	2	3	4	5	6	7	8	9	10(Most hot sensation ever)
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

114. Are you healthy enough to work?

- ☐ Yes
- ☐ No

115. Are you currently working (getting paid to perform physical or mental work)?

- ☐ Yes
- ☐ No

116. If no, how long have you been out of work(total)?

- ☐ Less than one year
- ☐ 1 year
- ☐ 2-3 years
- ☐ 3-5 years
- ☐ 5-10 years
- ☐ more than 10 years

The next set of questions are about your experiences with computers, the internet, and cell/smart phones.

117. How comfortable do you feel using computers, in general?

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable

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118. How comfortable do you feel using the internet?

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable

119. Do you have a cell phone or smart phone? (If no, skip to question 122)

- ☐ Yes
- ☐ No

120. If yes, do you use your cell phone or smart phone to send or receive text messages?

- ☐ Yes
- ☐ No

121. Do you use your cell phone to access the internet?

- ☐ Yes
- ☐ No

122. In the last 12 months did you or someone acting for you access the internet for any purposes?

- ☐ Yes, I did
- ☐ Yes, someone did it for me
- ☐ Sometimes I did, sometimes someone else did it for me
- ☐ No

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123. If you are not using the internet, please mark the reason for not accessing the internet. (Please mark all that apply)

- [ ] I am just not interested
- [ ] I don't have a computer
- [ ] It's too expensive
- [ ] It is too difficult/frustrating
- [ ] I think it's a waste of time
- [ ] I don't have access
- [ ] I am too busy/just don't have the time
- [ ] Don't need it/don't want it
- [ ] Too old to learn
- [ ] Just don't know how

124. In the last 12 months, about how often did you or someone acting for you look on the internet for information or advice about health or healthcare? (If never, skip to question 132)

- [ ] More than once a week
- [ ] About once a week
- [ ] Once a month
- [ ] Every 2-3 months
- [ ] Less than every 2-3 months
- [ ] Never

125. In the last 12 months did you or someone acting for you use the internet to obtain information about your HIV medications?

- [ ] Yes
- [ ] No
- [ ] Not currently taking medications for HIV

126. In the last 12 months did you or someone acting for you use the internet to obtain information about your medications (non-HIV)

- [ ] Yes
- [ ] No
- [ ] Not currently taking any medications

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127. In the last 12 months did you or someone acting for you use the internet to obtain information about your HIV disease?

- ☐ Yes
- ☐ No

128. In the last 12 months, did you or someone acting for you use the internet to obtain information about your medical conditions (non-HIV)?

- ☐ Yes
- ☐ No

129. Thinking about all of the times in the last year that you used the Internet for things related to health or healthcare, to what extent do you agree or disagree with the following statement, "Using the Internet improved my ability to manage my healthcare needs".

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

MyHealtheVet (www.myhealth.va.gov) is a VA website that veterans can use to find health information and do things like ordering VA prescription refills

130. In the last 12 months, about how often did you see the MyHealtheVet website for information or advice about health or healthcare, or to refill prescriptions?

- ☐ More than once a week
- ☐ About once a week
- ☐ Once a month
- ☐ Every 2-3 months
- ☐ Less than every 2-3 months
- ☐ Never

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131. Thinking about all of the times in the last year that you used the My healtheVet website, to what extent do you agree or disagree with the following statement, "Using the MyHealtheVet website improved my ability to manage my healthcare needs."

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly Disagree

DEMOGRAPHICS

132. What is your date of birth? (What is the month and year of your birth?)

☐☐ Month (mm)

☐☐☐☐ Year (yyyy)

133. What is your sex?

- ☐ Male
- ☐ Female
- ☐ Transgender Male
- ☐ Transgender Female

134. What is the highest grade or year of school you completed?

- ☐ Never attended school or only kindergarten
- ☐ Grades 1 through 8 (elementary)
- ☐ Grades 9 through 11 (some high school)
- ☐ High school graduate
- ☐ GED
- ☐ College 1 year to 3 years (some college or technical school)
- ☐ College graduate
- ☐ Graduate school

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135. What is your race? (Please mark all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

136. What is your ethnicity?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

137. What is your current marital status?

- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Never married
- ☐ Living with partner

138. How many persons live in your household (including yourself)?

☐☐ people

139. Are you currently...(Please mark all that apply)

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Looking for work and unemployed for more than one year
- ☐ Looking for work and unemployed for less than one year
- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Unable to work

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140. What is your annual household income?

- ☐ Less than $6,000
- ☐ $6,000 to $11,999
- ☐ $12,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ Over $50,000

Thank you for completing our questionnaire.

Please return this to the Study Coordinator who gave it to you.