Attachment 12: Screenshots

Phase 2 HIV Symptom and Care Survey

NOTE TO STUDY RA: Input the dates and study ID number(s).

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Research assistant ID:

A B C D E F G Clear
H I J K L M N Back
O P Q R S T U Alt
V W X Y Z

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

UW Study ID for part 2:

1 2 3 Clear
4 5 6
7 8 9
+/- 0 .

Must be five digits:

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

UW Study ID for part 3:

1 2 3 Clear
4 5 6
7 8 9
+/- 0 .

Must be four digits:

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

CSID:

A B C D E F G Clear
H I J K L M N Back
O P Q R S T U Alt
V W X Y Z

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Visit Date:

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Note for study staff: If this is the participant's first Part 3 visit (Visit #1) the previous visit date should be the participant's Part 2 visit date.

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

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Previous visit date

Year: << < [ ] > >>

Month: << < [ ] > >>

Day: << < [ ] > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

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Visit number:

1	2	3	Clear
4	5	6	
7	8	9	
+/-	0	.	

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

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Note to study RA: Please give the study laptop to the study participant.

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

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Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX (will get put in when we get it)

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

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We've already discussed the following question with you but would like to document your answer electronically. If you have any questions about what we're asking please talk to the study staff before responding.

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Do you agree to take part in the study?

NO

YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

We are asking you to agree to freeze part of your blood and oral fluid specimens at the CDC for future use. We may use these samples for research in the future. Nothing that could be linked to you will be kept with your blood or oral fluid specimens. We are not sure what studies might be done in the future. They might include standard tests as done at hospitals, tests for HIV or other viruses

I give consent for my blood and oral fluid specimens to be stored at CDC for the future use as outlined above.

I DO NOT give consent for my blood and oral fluid specimens to be stored at CDC for future research.

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

specimens. We are not sure what studies might be done in the future. They might include standard tests as done at hospitals, tests for HIV or other viruses or on your immune system (ability to fight infection). We will not test for genetic problems or use the blood or oral fluid specimens for cloning or commercial purposes.

I give consent for my blood and oral fluid specimens to be stored at CDC for the future use as outlined above.

I DO NOT give consent for my blood and oral fluid specimens to be stored at CDC for future research.

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Please pause the survey here and talk to study staff.

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

The survey will start once you click the "Next question" button.

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Since your last visit on 01/01/2015, have you had any of these symptoms? Check all that apply.

Sore throat	Diarrhea	Swollen lymph nodes
Fever	Headache(s)	Body Rash
Nausea	Fatigue	I haven't experienced any of these symptoms since my last visit
Vomiting	Soreness or pain in your joints or muscles	

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had a sore throat since your last visit on 01/01/2015. Do you have a sore throat today?

NO YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (sore throat)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (sore throat)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had a fever since your last visit on 01/01/2015. Do you have a fever today?

NO YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (fever)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (fever)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had nausea since your last visit on 01/01/2015. Do you have nausea today?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (nausea)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (nausea)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you vomited since your last visit on 01/01/2015. Have you vomited today?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (vomiting)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (vomiting)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had diarrhea since your last visit on 01/01/2015. Do you have diarrhea today?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (diarrhea)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (diarrhea)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had headache(s) since your last visit on 01/01/2015. Do you have a headache today?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (headache)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (headache)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had fatigue since your last visit on 01/01/2015. Do you have fatigue today?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (fatigue)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (fatigue)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had soreness or pain in your joints or muscles since your last visit on 01/01/2015. Do you have soreness or pain in your joints or muscles today?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (soreness or pain in your joints or muscles)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (soreness or pain in your joints or muscles)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had swollen lymph nodes since your last visit on 01/01/2015. Do you have swollen lymph nodes today?

NO YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (swollen lymph nodes)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (swollen lymph nodes)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

You said that you have had a body rash since your last visit on 01/01/2015. Do you have a body rash today?

NO YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you first experience this symptom (body rash)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last experience this symptom (body rash)?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Did you go to a doctor health or care provider because of your symptom(s)?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Did you miss work or school because of your symptom(s)?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Were you hospitalized because of your symptom(s)?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Do you currently have a doctor or medical provider for HIV care?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Since your last visit on 01/01/2015, have you been to a doctor or medical provider for HIV care?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you last see your HIV doctor or medical provider?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Are you currently taking medicines to treat your HIV?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

Have you taken medicines to treat your HIV since your last visit on 01/01/2015?

NO | YES

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you start taking medicines to treat your HIV?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

When did you stop taking medicines to treat your HIV?

Year: << < > >>

Month: << < > >>

Day: << < > >>

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question

This is the end of the survey.

Don't Know | Refuse to Answer | Not Applicable | Previous Question | Next Question | Repeat the Question