

Attachment 12b: Spanish Screenshots

Phase 2 HIV Symptom and Care Survey (Spanish)

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

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

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

UW Part 2 Study ID

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

1

2

3

Clear

4

5

6

7

8

9

Must be 5 digits:

+/-

0

.

UW Part 3 Study ID

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

1

2

3

Clear

4

5

6

7

8

9

Must be 4 digits:

+/-

0

.

CSID

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

Visit Date

Year: << < > >>
 Month: << < > >>
 Day: << < > >>

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.

Previous visit date

Year: << < > >>
 Month: << < > >>
 Day: << < > >>

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

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

Formulario aprobado
OMB Nro. 0920-1100
Fecha de vencimiento: 02/28/2019

La carga de informes públicos de esta recopilación de información se estima en un promedio de 5 minutos por respuesta, lo que incluye el tiempo para revisar instrucciones, buscar fuentes de datos existentes, recopilar y mantener los datos necesarios y completar y revisar la recopilación de información. Una agencia no podrá ser conductor ni patrocinador, y una persona no está obligada a responder una recopilación de información, a menos que muestre un número de control OMB actualmente válido. Envíe sus comentarios con respecto a esta estimación de la carga o a cualquier otro aspecto de esta recopilación de información, lo que incluye sugerencias para reducir esta carga, al CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1100).

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Ya hemos discutido las siguientes preguntas con usted, pero nos gustaría documentar sus respuestas electrónicamente. Si tiene alguna pregunta sobre lo que estamos indagando, hable con el personal del estudio antes de responder.

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

¿Está de acuerdo en participar en el estudio?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question



Le solicitamos que acepte congelar parte de sus muestras de sangre y fluido oral en el CDC para su uso futuro. Podríamos usar estas muestras para investigación en el futuro. No se mantendrá nada que pueda relacionarlo a usted con sus muestras de sangre o fluidos orales. No estamos seguros de qué estudios se podrían hacer en el futuro. Pueden incluir pruebas estándar como las realizadas

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Doy mi consentimiento para que mis muestras de sangre y fluidos orales se almacenen en CDC para su uso futuro como se describió anteriormente.

NO DOY mi consentimiento para que mis muestras de sangre y fluidos orales se almacenen en CDC para investigaciones futuras.

Haga una pausa aquí en la encuesta y hable con el personal del estudio.

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Por favor da la computadora al asistente de investigación.

Don't Know

Refuse to Answer


Not Applicable

Previous Question


Next Question

Repeat the Question

Have you previously participated in an HIV vaccine trial?



NO



SI

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Which did you receive as part of your study participation?

A vaccine

A placebo

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Since your last visit on 02/04/2018, 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 02/04/2018. Do you have a sore throat today?



NO



SI

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 had a fever since your last visit on 02/04/2018. Do you have a fever today?

NO

SI

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 02/04/2018. Do you have nausea today?

NO

Sí

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 have vomited since your last visit on 02/04/2018. Have you vomited today?



NO



SI

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 02/04/2018. Do you have diarrhea today?



NO



SI

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

When did you first experience this symptom (diarrhea)?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Year:

<< <

> >>

Month:

<< <

> >>

Day:

<< <

> >>

When did you last experience this symptom (diarrhea)?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Year:

<< <

> >>

Month:

<< <

> >>

Day:

<< <

> >>

You said that you have had headache(s) since your last visit on 02/04/2018. Do you have a headache today?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question



When did you first experience this symptom (headache)?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Year:

<< <

> >>

Month:

<< <

> >>

Day:

<< <

> >>

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 02/04/2018. Do you have fatigue today?

NO

S í

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 02/04/2018. Do you have soreness or pain in your joints or muscles today?



Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

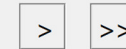
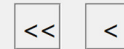
Repeat the Question

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

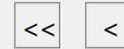
Year:



Month:



Day:



Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

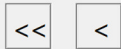
Repeat the Question

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

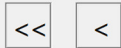
Year:



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 02/04/2018. Do you have swollen lymph nodes today?



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 02/04/2018. Do you have a body rash today?

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 or health care provider because of your symptom(s)?

NO S í

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 S í

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Were you hospitalized because of your symptom(s)?

NO S í

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?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

X
NO

✓
S í

Since your last visit on 02/04/2018, have you been to a doctor or medical provider for HIV care?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

X
NO

✓
S í

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

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Year: << < > >>

Month: << < > >>

Day: << < > >>

Are you currently taking medicines to treat your HIV?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

X
NO

✓
S í

Have you taken medicines to treat your HIV since your last visit on 02/02/2018?

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?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Year:



Month:



Day:



When did you stop taking medicines to treat your HIV?

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question

Year:



Month:



Day:



This is the end of the survey.

Don't Know

Refuse to Answer

Not Applicable

Previous Question

Next Question

Repeat the Question