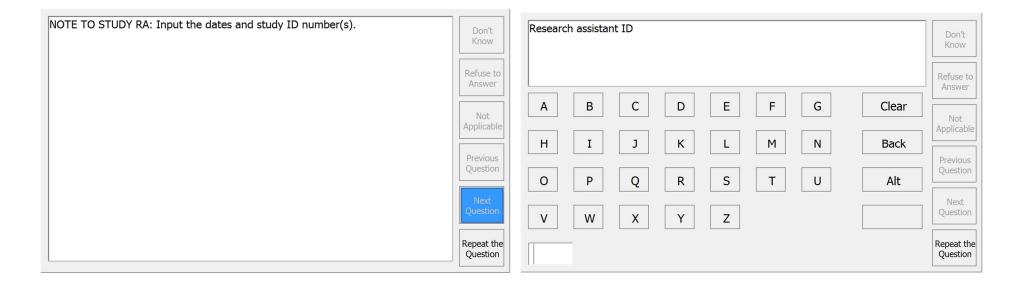
Attachment 12b: Spanish Screenshots

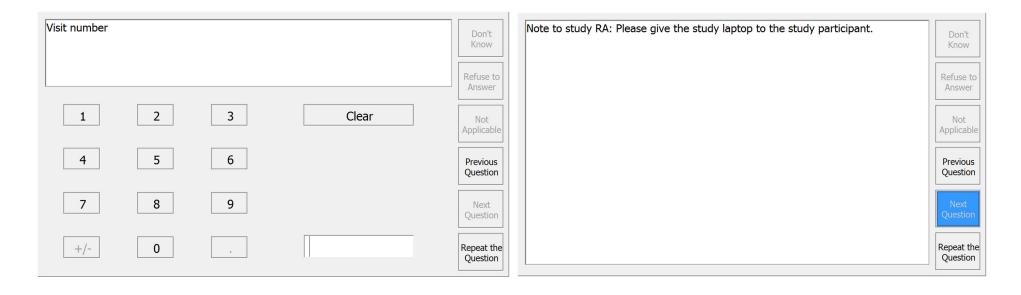
Phase 2 HIV Symptom and Care Survey (Spanish)

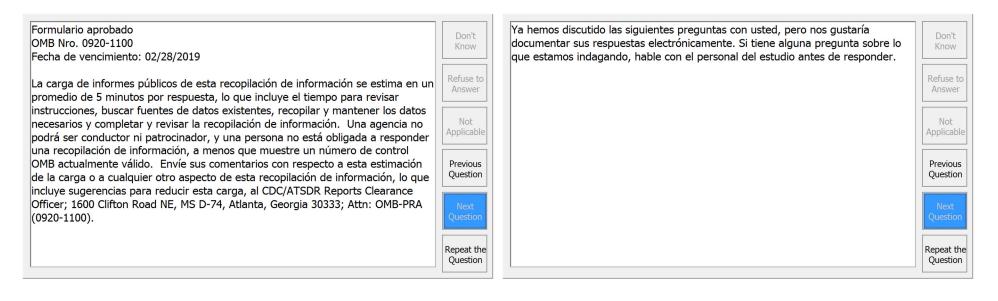


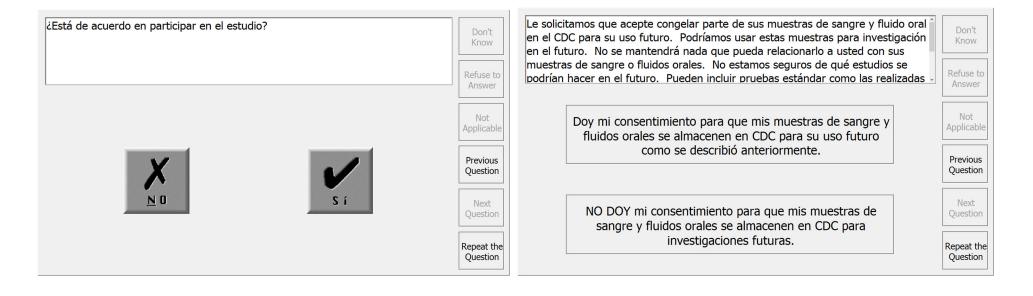
UW Part 2 Stud	y ID			Don't Know	UW Part 3 Stuc	ly ID			Don't Know
				Refuse to Answer					Refuse to Answer
1	2	3	Clear	Not Applicable	1	2	3	Clear	Not Applicable
4	5	6		Previous Question	4	5	6		Previous Question
7	8	9	Must be 5 digits:	Next Question	7	8	9	Must be 4 digits:	Next Question
+/-	0			Repeat the Question	+/-	0			Repeat the Question

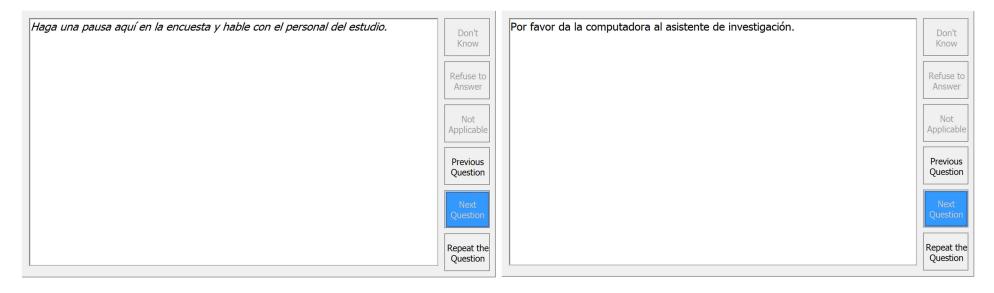
CSID	Don't Know Refuse to	Visit Date			Don't Know Refuse to
A B C D E F G Clear H I J K L M N Back	Answer Not Applicable	Year:	<< <	> >>	Answer Not Applicable
Image: Im	Previous Question	Month:	<< <	> >>	Previous Question
V W X Y Z	Question Repeat the Question	Day:	<< <	> >>	Question Repeat the Question

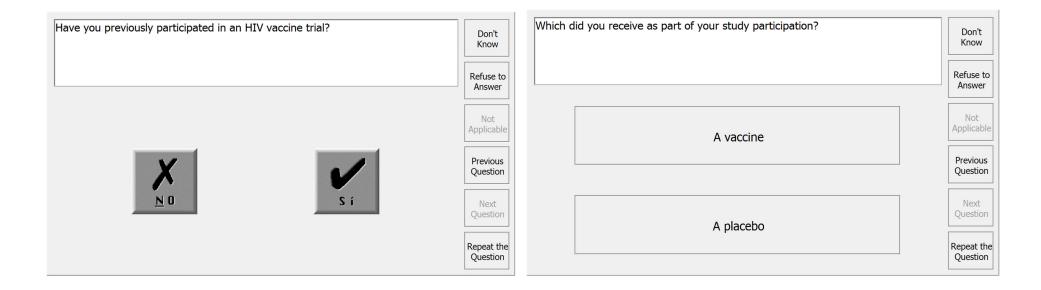
Note for study staff: If this is the participant's first Part 3 visit (Visit #1) the previous visit date should be the participant's Part 2 visit date.	Don't Know	Previous visit date			Don't Know
	Refuse to Answer				Refuse to Answer
	Not Applicable	Year:	<< <	> >>	Not Applicable
	Previous Question	Month:	<< <	> >>	Previous Question
	Next Question	Day:	<< <	> >>	Next Question
	Repeat the Question				Repeat the Question

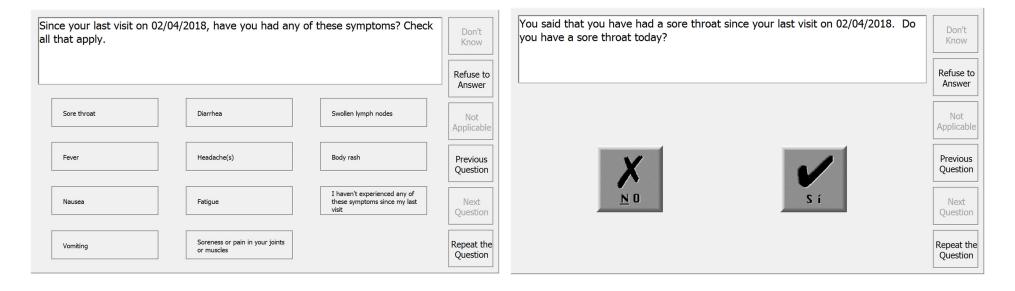






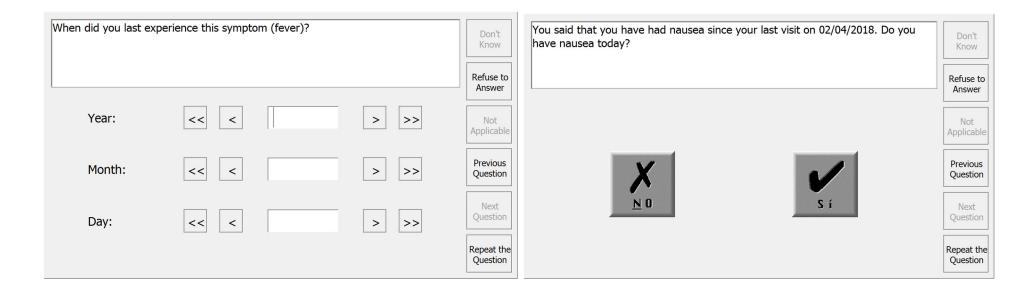






When did you first ex	perience this symptom (sore throat)?		Don't Know	When did you last ex	perience this symptom (sore throat)	?	Don't Know
			Refuse to Answer				Refuse to Answer
Year:	<< <	> >>	Not Applicable	Year:	<< <	> >>	Not Applicable
Month:	<< <	> >>	Previous Question	Month:	<< <	> >>	Previous Question
Day:	<< <	> >>	Next Question	Day:	<< <	> >>	Next Question
			Repeat the 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?	Don't Know	When did you first exp	perience this symptom (fever)?		Don't Know
	Refuse to Answer				Refuse to Answer
	Not Applicable	Year:	<< <	> >>	Not Applicable
X	Previous Question	Month:	<< <	> >>	Previous Question
<u>N</u> 0 S í	Next Question	Day:	<< <	> >>	Next Question
	Repeat the Question				Repeat the Question



When did you first experience	e this symptom (nausea)?		Don't Know	When did you last ex	perience this symptom (nausea)?		Don't Know
			Refuse to Answer				Refuse to Answer
Year:	<< <	> >>	Not Applicable	Year:	<< <	> >>	Not Applicable
Month:	<< <	> >>	Previous Question	Month:	<< <	> >>	Previous Question
Day:	<< <	> >>	Next Question	Day:	<< <	> >>	Next Question
			Repeat the Question				Repeat the Question

You said that you have vomited since your last visit on 02/04/2018. Have you vomited today?	Don't Know	When did you first ex	perience this symp	otom (vomiting)?			Don't Know
	Refuse to Answer						Refuse to Answer
	Not Applicable	Year:	<< <		>	>>	Not Applicable
X	Previous Question	Month:	<< <		>	>>	Previous Question
<u>N</u> 0 S í	Next Question	Day:	<< <		>	>>	Next Question
	Repeat the Question						Repeat the Question

When did you last ex	perience this symptom (vomiting)?		Don't Know	You said that you have had diarrhea since your last visit on 02/04/2018. Do you have diarrhea today?	Don't Know
			Refuse to Answer		Refuse to Answer
Year:	<< <	> >>	Not Applicable		Not Applicable
Month:	<< <	> >>	Previous Question	X	Previous Question
Day:	<< <	> >>	Next Question	<u>N</u> O S í	Next Question
			Repeat the Question		Repeat the Question

When did you first experience	e this symptom (diarrhea)?		Don't Know	When did you last ex	xperience this symptom (diarrhea)?		Don't Know
			Refuse to Answer				Refuse to Answer
Year:	<< <	> >>	Not Applicable	Year:	<< <	> >>	Not Applicable
Month:	<< <	> >>	Previous Question	Month:	<< <	> >>	Previous Question
Day:	<< <	> >>	Next Question	Day:	<< <	> >>	Next Question
			Repeat the Question				Repeat the Question

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	When did you first experience this symptom (headache)?					Don't Know
	Refuse to Answer						Refuse to Answer
	Not Applicable	Year:	<< <		>	>>	Not Applicable
X	Previous Question	Month:	<< <		>	>>	Previous Question
<u>N</u> 0 S í	Next Question	Day:	<< <		>	>>	Next Question
	Repeat the Question						Repeat the Question

When did you last ex	perience this symptom (headache)?		Don't Know	You said that you have had fatigue sin have fatigue today?	ce your last visit on 02/04/2018. Do you	Don't Know
			Refuse to Answer			Refuse to Answer
Year:	<< <	> >>	Not Applicable			Not Applicable
Month:	<< <	> >>	Previous Question	X		Previous Question
Day:	<< <	> >>	Next Question	<u>N</u> 0	S í	Next Question
			Repeat the Question			Repeat the Question

When did you first experience	e this symptom (fatigue)?		Don't Know	When did you last ex	(perience this symptom (fatigue)?		Don't Know
			Refuse to Answer				Refuse to Answer
Year:	<< <	> >>	Not Applicable	Year:	<< <	> >>	Not Applicable
Month:	<< <	> >>	Previous Question	Month:	<< <	> >>	Previous Question
Day:	<< <	> >>	Next Question	Day:	<< <	> >>	Next Question
			Repeat the Question				Repeat the Question

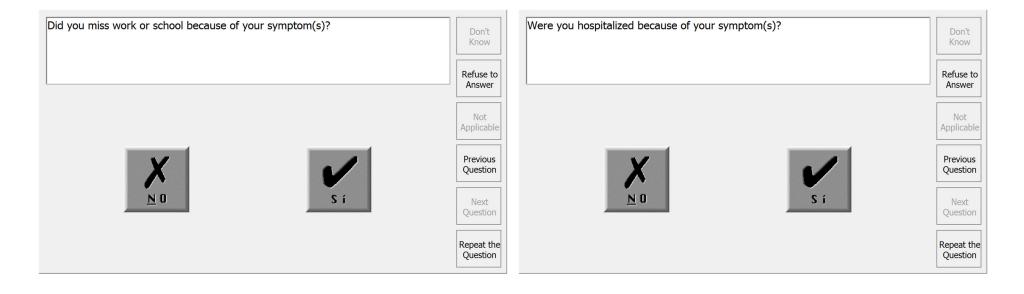
You said that you have had soreness or pain in your joints or muscles since your last visit on 02/04/2018. Do you have soreness or pain in your joints or muscles today?	Don't Know	When did you first experience this symptom (soreness or pain in your joints or muscles)?			Don't Know
	Refuse to Answer				Refuse to Answer
	Not Applicable	Year:	<< <	> >>	Not Applicable
	Previous Question	Month:	<< <	> >>	Previous Question
	Next Question	Day:	<< <	> >>	Next Question
	Repeat the Question				Repeat the Question

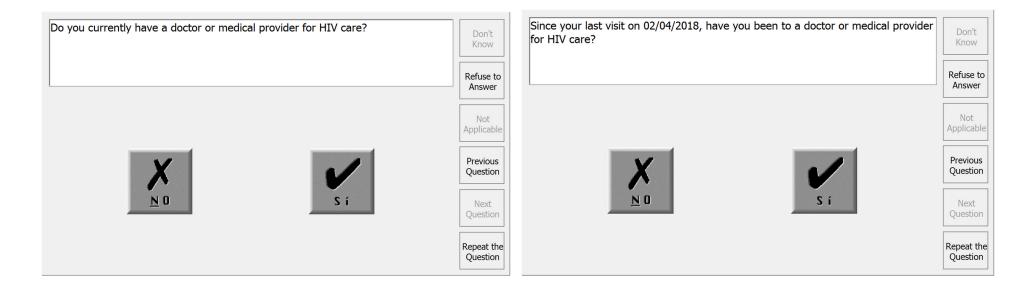
When did you last ex muscles)?	perience this symptom (soreness or pain	in your joints or	Don't Know	You said that you have had swollen lymph nodes since your last visit on 02/04/2018. Do you have swollen lymph nodes today?	Don't Know
			Refuse to Answer		Refuse to Answer
Year:	<< <	> >>	Not Applicable		Not Applicable
Month:	<< <	> >>	Previous Question	×	Previous Question
Day:	<< <	> >>	Next Question	<u>N</u> 0 S í	Next Question
			Repeat the Question		Repeat the Question

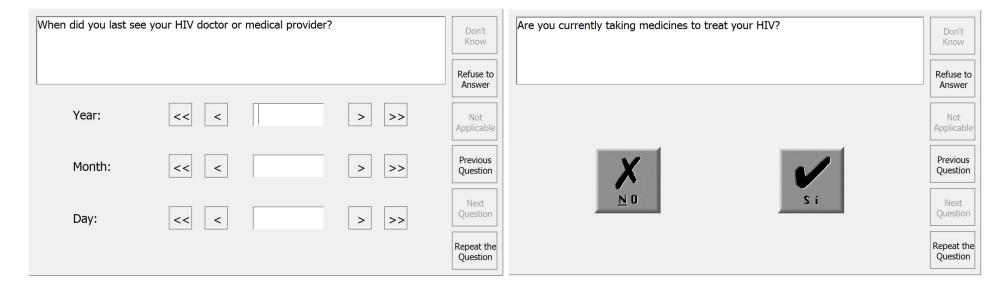
When did you first experience this symptom (swollen lymph nodes)?		Don't Know	When did you last ex	xperience this symptom (swollen ly	ymph nodes)?	Don't Know	
			Refuse to Answer				Refuse to Answer
Year:	< <	> >>	Not Applicable	Year:	<< <	> >>	Not Applicable
Month:	<< <	> >>	Previous Question	Month:	<< <	> >>	Previous Question
Day:	<< <	> >>	Next Question	Day:	<< <	> >>	Next Question
			Repeat the 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	When did you first experience	this symptom (body rash)?		Don't Know
	Refuse to Answer				Refuse to Answer
	Not Applicable	Year:	<< <	> >>	Not Applicable
	Previous Question	Month:	<< <	> >>	Previous Question
	Next Question	Day:	<< <	 > >>	Next Question
	Repeat the Question				Repeat the Question

When did you last ex	perience this symptom (body rash)?		Don't Know	Did you go to a doctor or health care p	provider because of your symptom(s)?	Don't Know
			Refuse to Answer			Refuse to Answer
Year:	<< <	> >>	Not Applicable			Not Applicable
Month:	<< <	> >>	Previous Question	X		Previous Question
Day:	<< <	> >>	Next Question	<u>N</u> 0	S í	Next Question
			Repeat the Question			Repeat the Question







Have you taken medicines to treat your HIV since your last visit on 02/02/2018?	Don't Know	When did you start tal	king medicines to treat your HIV?		Don't Know
	Refuse to Answer				Refuse to Answer
	Not Applicable	Year:	<< <	> >>	Not Applicable
	Previous Question	Month:	<< <	> >>	Previous Question
	Next Question	Day:	<< <	> >>	Next Question
	Repeat the Question				Repeat the Question

