SECTION C HEALTH/MEDICAL QUESTIONS Chronic

C1. Now I'm going to ask you some questions about specific medical problems you may have had. Have you ever been told by a doctor that you had....?

		NO	YES
Cla.	Seizures, epilepsy or convulsions	0	1
C1b.	Asthma, emphysema or chronic lung disease	0	1
C1c.	Heart attack (myocardial infarction)	0	1
C1d.	Heart failure (congestive heart failure)	0	1
C1e.	Other heart disease (requiring medication)	0	1
C1f.	High blood pressure	0	1
C1g.	Ongoing or chronic liver disease (for example: cirrhosis or "fatty liver"; chronic hepatitis B; C)	0	1
C1h.	Kidney failure	0	1
Cli.	Chronic arthritis or osteoarthritis (lasting more than 3 months; degenerative joint disease)	0	1
C1j.	Peripheral neuropathy (constant numbness, tingling, or burning in the feet)	0	1
Clk.	Cancer	0	1
C11.	Diabetes	0	1
C1m.	Stroke (cerebrovascular accident)	0	1

HEALTH/MEDICAL QUESTIONS Episodic

C2. Have you ever had....? If so, have you had it in the last 6 months?

ii so, nave you nad it iii the last o months?		YES		Last 6 Months NO YES		
C2a. Skin infections like cellulitis or an abscess	0	1	\rightarrow	0	1	
C2b. Pneumonia (which includes PCP)	0	1	\rightarrow	0	1	
C2c. Septic arthritis (which is a joint infection requiring antibiotics)	0	1	\rightarrow	0	1	
C2d. TB (tuberculosis)	0	1	\rightarrow	0	1	
C2e. Endocarditis (which is a heart infection)	0	1	\rightarrow	0	1	
C2f. An ulcer (peptic, stomach, or intestinal/duodenal)	0	1	\rightarrow	0	1	
C2g. Pancreatitis	0	1	\rightarrow	0	1	
C2h. Abdominal or stomach pain requiring an overnight hospital stay	0	1	\rightarrow	0	1	
C2i. Vomiting (throwing up) blood	0	1	\rightarrow	0	1	
C2j. Hepatitis (which is acute liver disease, A or symptomatic B; C)	0	1	\rightarrow	0	1	
C2k. Blood clots in the legs or lungs	0	1	\rightarrow	0	1	
C21. Osteomyelitis (which is a bone infection)	0	1	\rightarrow	0	1	
C2m. Chest pain while using cocaine resulting in an emergency room visit or hospital stay.	0	1	\rightarrow	0	1	
C2n. Jaundice (turning yellow)	0	1	\rightarrow	0	1	
C2o. Low back pain lasting more than 3 months that required medical attention.	0	1	\rightarrow	0	1	
C2p. Seizures or Convulsions	0	1	\rightarrow	0	1	

C2. (continued) Have you ever had....? If so, have you had it in the last 6 months?

	NO	YES		Last 6 Months		
	NO			NO YES		
C2q. Drug or alcohol overdose requiring you to go to the emergency room (requiring medical attention right away)	0	1	\rightarrow	0	1	
C2r. A gunshot wound (been shot)	0	1	\rightarrow	0	1	
C2s. A stab wound (been stabbed or cut)	0	1	\rightarrow	0	1	
C2t. Any accidents or falls requiring medical attention	0	1	\rightarrow	0	1	
C2u. Fractures (broken) or dislocations to your bones or joints	0	1	\rightarrow	0	1	
C2v. An injury from a road traffic accident such as a car or motorcycle	0	1	\rightarrow	0	1	
C2w. A head injury	0	1	\rightarrow	0	1	

HEALTH/MEDICAL QUESTIONS

Sexually-Transmitted Diseases

Now I'm going to ask you about sexually-transmitted diseases you may have had.

C3. Have you ever had any of the following sexually-transmitted diseases?

	<u>NO</u>	YES		HOW MANY TIMES?	MOI NO	T 6 NTHS? <u>YES</u>
C3a1. Syphilis	0	1	\rightarrow	times	0	1
C3b1. Gonorrhea (Clap, Drip	0 (1	\rightarrow	times	0	1
C3c1. Chlamydia	0	1	\rightarrow	times	0	1
C3d. Genital Warts	0	1				
C3e. Genital Herpes	0	1				
C3f1. Other STD's (Crabs, Hepatitis B,etc not l) (specify	0 HIV)	1	\rightarrow	times	0	1
C3g1. Have you ever been tested for HIV or AIDS? If NO, skip to Page 14.		1	\rightarrow	times	0	1
C3g4. What was the resu	alt of the la	ast test?				
Positive		1				
Negative		2				
Refused to answ		3				
Never obtained	result	4				
Inconclusive		5				

IF FEMALE, ASK #C3h1 - C3k:

(IF MALE LEAVE BLANK, GO TO PAGE 15)

				HOW MANY		LAST 6 MONTHS		
		NO Y	YES		TIMES?	NO	YES	
C2h1	. Have you ever had	110	LES		TIMES:	NO	IES	
Cont			1			0	1	
	Pelvic Inflammatory Disease (PID)	. 0	1	\rightarrow	times	0	1	
	Have you ever had a Pap test o		ar (a t	est f	or cervical cancer do	ne by y	our docto	r
	during a pelvic or women's exa	am)?						
		No		0				
		Yes		1				
		Don't kn	ow	7				
C3j.	Have you had a Pap test or Pap	smear in	the las	st 3 y	years?			
		No		0				
		Yes		1				
		Don't kn	ow	7				
C3F	Are you now pregnant?							
CJK. I	The you now prognant:							
		No)				
		Yes		1	# of months			
		Don't kno	ow '	7 .				