SECTION C HEALTH/MEDICAL QUESTIONS Chronic

C1. Have you been told by a doctor in the last six months/since the last time we met that you had....?

		NO	YES
C1a	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
Cle.	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
Clj.	Peripheral neuropathy (constant numbness, tingling, or burning in the feet)	0	1
C1k.	Cancer	0	.1
C11.	Diabetes	0	1
Clm.	Stroke (cerebrovascular accident)	0	1

HEALTH/MEDICAL QUESTIONS Episodic

C2. Have you had any of the following conditions in the last 6 months/since the last time we met?

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

C2. (continued) Have you had any of the following conditions in the last 6 months/since the last time we met?

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

HEALTH/MEDICAL QUESTIONS

Sexually-Transmitted Diseases

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

C3. Have you had any of the following sexually-transmitted diseases in the last six months/since the last time we met?

	NO	YES	3	HOW MANY TIMES?
C3a1. Syphilis	0	1	\rightarrow	times
C3b1. Gonorrhea (Clap, I	Orip) 0	. 1	\rightarrow	times
C3c1. Chlamydia	0	1	\rightarrow	times
C3d. Genital Warts	0	1		
C3e. Genital Herpes	0	. 1		
C3f1. Other STD's (Crabs, Hepatitis B,etc r (specify	0 not HIV)	1 	\rightarrow	times
C3g1. Have you been tested for HIV or All in the last six months	Printer and the second			
since the last time we	e met? 0	1	\rightarrow	times
If NO, skip to Page	11.			
C3g4. What was the	result of the l	ast test?		
Positive Negative Refused to a		1 2 3		
Never obtain Inconclusive		4 5		

IF FEMALE, ASK #C3h1 - C3k:

(IF MALE LEAVE BLANK, GO TO PAGE 12)

			HOW MANY
	NO YE	S	TIMES?
C3h1. In the last 6 months/since the last time we met, have you had Pelvic			
Inflammatory Disease (PID)	0 1	\rightarrow	times
C3i. Have you had a Pap test or Pap	smear in the	e last 6	months/since the last time we met?
	No	0	
	Yes	1	
	Don't know	7	
C3k. Are you now pregnant?			
	No	0	
	Yes	1	# of months
	Don't know	7	The state of the s