

### Section C: Oral Ulcer Cascade

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: \_\_\_\_\_ A.M./P.M.

IF A7 = 1 AND A8 <> 1 AND A9 <> 1, SKIP TO C1  
IF A8 = 1 AND A9 <> 1 AND A7 <> 1, SKIP TO D1  
IF A9 = 1 AND A7 <> 1 AND A8 <> 1, SKIP TO E1  
IF A7 <> 1 AND A8 <> 1 AND A9 <> 1, SKIP TO SECTION F

CALCULATION: RANDOMLY ASSIGN CASE 1, 2 OR 3

IF CALCULATION ABOVE = 2, SKIP TO D1  
IF CALCULATION ABOVE = 1, SKIP TO E1

C1. You said earlier that you have ulcers or sores in your mouth or on your lips. Did you receive treatment for this condition?

F04C01 YES..... 1  
NO..... 2

IF C1 = 1, SKIP TO C4  
IF C1 = DK OR C1 = REF, SKIP TO SECTION F

C2. (HAND CARD #16)

Please take a look at this card and tell me which category or categories comes closest to the reason why you did not get treatment.

CODE ALL THAT APPLY

F04C0201 DIDN'T THINK I NEEDED TREATMENT..... 1  
F04C0202 RECEIVED TREATMENT FOR THIS IN THE PAST..... 2  
F04C0203 COULDN'T AFFORD TREATMENT..... 3  
F04C0204 DIDN'T KNOW WHERE TO FIND TREATMENT..... 4  
F04C0205 COULDN'T GET AN APPOINTMENT WHEN I COULD GO..... 5  
F04C0206 I WAS REFUSED TREATMENT WHEN I COULD GET IT..... 6  
F04C0207 I DON'T FEEL COMFORTABLE SPEAKING ENGLISH..... 7  
F04C0208 SOME OTHER REASON..... 8

C3. From which type of provider would you have wanted to receive treatment?

CIRCLE ONE

- F04C03 A physician or medical doctor..... 1
- A dentist, dental specialist, dental hygienist..... 2
- Someone else..... 3

IF C3 = ASKED, SKIP TO SECTION F

C4. (HAND CARD #19)

Please look at this card and tell me from whom you first received treatment for this condition.

CIRCLE ONE

- F04C04 YOUR USUAL SOURCE OF HIV CARE..... 1
- YOUR USUAL SOURCE OF DENTAL CARE..... 2
- YOUR USUAL SOURCE OF NON-HIV CARE..... 3
- AN EMERGENCY ROOM PHYSICIAN (MEDICAL DOCTOR)... 4
- ANOTHER PHYSICIAN (MEDICAL DOCTOR)..... 5
- AN EMERGENCY ROOM DENTIST..... 6
- ANOTHER DENTIST..... 7
- SOMEONE ELSE..... 8

C5. (HAND CARD #20)

Now think about what happened when you saw ANSWER NAMED IN C4 for this condition.

Please look at this card and tell me if you received any of the following?

CODE ALL THAT APPLY

- F04C0501 EXAMINATION OF YOUR MOUTH..... 1
- F04C0502 SCRAPE OF THE AREA..... 2
- F04C0503 BIOPSY OF THE AREA..... 3
- F04C0504 GIVEN OR PRESCRIBED AN ANTIVIRAL MEDICATION  
SUCH AS ACYCLOVIR (ZOVIRAX)..... 4
- F04C0505 GIVEN OR PRESCRIBED A STEROID SUCH AS  
LIDEX, TEMOVATE, DELTAZONE, OR PREDNISONE..... 5
- F04C0506 OTHER..... 6

C6. (HAND CARD #21)

Please look at this card and tell me what ANSWER NAMED IN C4 said about this condition.

CODE ALL THAT APPLY.

- F04C0601 DID NOT TALK ABOUT THE CAUSE OF YOUR PAINFUL ULCERS OR SORES..... 1
- F04C0602 YOUR ULCERS OR SORES WERE NOT RELATED TO YOUR HIV INFECTION..... 2
- F04C0603 YOUR ULCERS OR SORES WERE OR COULD BE RELATED TO YOUR HIV INFECTION... 3
- F04C0604 YOU HAVE MOUTH ULCERS..... 4
- F04C0605 YOU HAVE HERPES OR COLD SORES..... 5
- F04C0606 YOU HAVE KAPOSII'S SARCOMA..... 6
- F04C0608 OTHER..... 7

C7. Did ANSWER NAMED IN C4 refer you to any other medical doctors, dentists, or other health care providers for this condition?

- F04C07 YES..... 1
- NO..... 2

IF C7 <> 1 AND C7 = ASKED, SKIP TO SECTION F

C8. Were you referred to:

CIRCLE ONE

- F04C08 A physician or medical doctor..... 1
- A dental specialist..... 2
- Another type of health care provider..... 3

C9. Did you see this person?

- F04C09 YES..... 1
- NO..... 2

IF C9 <> 1 AND C9 = ASKED, SKIP TO SECTION F

C10. (HAND CARD #20)

When you were seen by ANSWER NAMED IN C8 please tell me if you received any of the following.

CODE ALL THAT APPLY

- F04C1001 EXAMINATION OF YOUR MOUTH..... 1
- F04C1002 SCRAPE OF THE AREA..... 2
- F04C1003 BIOPSY OF THE AREA..... 3
- F04C1004 GIVEN OR PRESCRIBED AN ANTIVIRAL MEDICATION  
SUCH AS ACYCLOVIR (ZOVIRAX)..... 4
- F04C1005 GIVEN OR PRESCRIBED A STEROID SUCH AS  
LIDEX, TEMOVATE, DELTAZONE, OR PREDNISONE..... 5
- F04C1006 OTHER..... 6

C11. (HAND CARD #21)

Please look at this card and tell me what ANSWER NAMED IN C8 said about your condition.

CODE ALL THAT APPLY

- F04C1101 DID NOT TALK ABOUT THE  
CAUSE OF MY PAINFUL ULCERS/SORES..... 1
- F04C1102 YOUR ULCERS OR SORES  
WERE NOT RELATED TO YOUR HIV INFECTION..... 2
- F04C1103 YOUR ULCERS OR SORES WERE OR  
COULD BE RELATED TO YOUR HIV INFECTION.....3
- F04C1104 YOU HAVE MOUTH ULCERS..... 4
- F04C1105 YOU HAVE HERPES OR COLD SORES.....5
- F04C1106 YOU HAVE KAPOSII'S SARCOMA..... 6
- F04C1107 OTHER..... 7

IF C11 = ASKED, SKIP TO SECTION F