

4. SYMPTOMS AND TREATMENT

Section A: Symptoms Checklist

TIME THIS SECTION BEGINS RECORDED HERE

TSST04A

A1. I'm going to ask you about some common symptoms. Please tell me if you have experienced each one during the last 6 months. (HAND R CARD #6.) For each symptom you've had, I want to know how much it bothered you.

INTERVIEWER, READ ANSWER CHOICES THE FIRST THREE TIMES, THEN REPEAT AS NEEDED: Did it bother you extremely, quite a bit, moderately, very little, or not at all?

(Circle at Least One Number on Each Line)

		(1)		(2)				
		<u>NO</u>	<u>YES</u>	<u>Extremely</u>	Quite a <u>bit</u>	<u>Moderately</u>	Very <u>little</u>	Not at <u>all</u>
B04A01A1	a. In the last 6 months have							
B04A01A2	you had <u>headaches that are new or very severe or very persistent?</u>	0	1 →	1	2	3	4	5
* SET HEADACHE = 1 IF A1a(2) = 2 OR 3 or 4								
* SET HEADACHE BOTHER = A1a(2)								
B04A01B1	b. In the last 6 months,							
B04A01B2	have you had <u>fever, sweats, or chills?</u>	0	1 →	1	2	3	4	5
B04A01C1	c. (In the last 6 months,)							
B04A01C2	have you had <u>pain in your mouth, lips or gums?</u>	0	1 →	1	2	3	4	5
B04A01D1	d. (In the last 6 months,)							
B04A01D2	have you had <u>white patches in your mouth?</u>	0	1 →	1	2	3	4	5
B04A01E1	e. (In the last 6 months,)							
B04A01E2	have you had <u>painful rashes or sores on your skin</u> or around your anus or (vagina/penis)?	0	1 →	1	2	3	4	5
B04A01F1	f. (In the last 6 months,)							
B04A01F2	have you had <u>nausea or loss of appetite?</u>	0	1 →	1	2	3	4	5
B04A01G1	g. (In the last 6 months,)							
B04A01G2	have you had <u>trouble with your eyes?</u>	0	1 →	1	2	3	4	5

A1. Continued

(Circle at Least One Number on Each Line)

		(1)		(2)				
		<u>NO</u>	<u>YES</u>	<u>Extremely</u>	<u>Quite a bit</u>	<u>Moderately</u>	<u>Very little</u>	<u>Not at all</u>
B04A01H1	h. (In the last 6 months,)							
B04A01H2	have you had a <u>sinus infection, pain, or discharge?</u>	0	1 →	1	2	3	4	5
B04A01I1	i. (In the last 6 months,)							
B04A01I2	have you had <u>pain, numbness, or tingling in your hands or feet?</u>	0	1 →	1	2	3	4	5
ASK ONLY IF R IS FEMALE:								
B04A01J1	j. (In the last 6 months,)							
B04A01J2	have you had <u>abnormal vaginal discharge (increase in amount, change in color, or unpleasant odor), vaginal pain, itching or irritation?</u>	0	1 →	1	2	3	4	5

* SET VAGINAL = 1 IF A1j(2) = 2 OR 3 OR 4

* SET VAGINAL BOTHER = A1j(2)

A2. Have you ever been diagnosed with Kaposi's Sarcoma (KS)?

(Circle One)

B04A02 YES 1
 NO 2 → SKIP TO A6a

A3. In the last 6 months, has Kaposi's Sarcoma bothered you:

(Circle One)

B04A03 Extremely, 1
 Quite a bit, 2
 Moderately, 3
 Very little, or 4 → SKIP TO A6a
 Not at all? 5 → SKIP TO A6a

A4a. Have you ever received chemotherapy, interferon, radiation, freezing, or other specific anti-tumor treatment for Kaposi's Sarcoma (KS)?

(Circle One)

B04A04A YES 1
NO 2 → SKIP TO A6a

A4b. Did you first receive this kind of treatment for KS, within the past 6 months or more than 6 months ago?

(Circle One)

B04A04B LESS THAN 6 MONTHS AGO 1
EXACTLY 6 MONTHS AGO 2
MORE THAN 6 MONTHS AGO 3 → SKIP TO A6a

A5. In the last 6 months, did you have:

(Circle One on Each Line)

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
B04A05A	a. 10 or more KS lesions or bumps on the skin?	1	2	3
B04A05B	b. Swelling of your face, legs or arms from KS?	1	2	3
B04A05C	c. Painful KS lesions?	1	2	3
B04A05D	d. Involvement of KS on organs, such as lungs?	1	2	3

* SET KS = 1 IF: A5a = 1 OR A5b = 1 OR A5c = 1 OR A5d = 1

* SET KS BOTHER = A3

A6a. In the last 6 months, have you had persistent coughing, difficulty breathing, or difficulty catching your breath that lasted for more than 1 week?

(Circle One)

B04A06A YES 1
NO 2 → SKIP TO A7a

A6b. Did it bother you:

(Circle One)

- B04A06B**
- Extremely, 1
 - Quite a bit, 2
 - Moderately, 3
 - Very little, or 4 → SKIP TO A7a
 - Not at all? 5 → SKIP TO A7a

- * SET COUGH =1 IF A6b = 1
- * SET COUGH BOTHER = A6b

A7a. In the last six months, have you had diarrhea or loose or watery stools?

(Circle One)

- B04A07A**
- YES 1
 - NO 2 → SKIP TO A7e

A7b. Did it bother you:

(Circle One)

- B04A07B**
- Extremely, 1
 - Quite a bit, 2
 - Moderately, 3
 - Very little, or 4 → SKIP TO A7d
 - Not at all? 5 → SKIP TO A7d

A7c. During the last 6 months, how long was the longest period of diarrhea? Would you say:

(Circle One)

- B04A07C**
- Less than a week, 1
 - 1-4 weeks, or 2
 - 1-6 months? 3
 - DON'T RECALL 4

A7d. During the last 6 months, did you ever have more than six bowel movements in a day or watery bowel movements?

(Circle One)

- B04A07D**
- YES 1
 - NO 2
 - DON'T RECALL/NOT SURE 3

3. Randomly select 1 of the eligible symptoms and set RANDOM FLAG = 1 for that symptom

- B04A12A =**
- | | |
|--------------------|-----------------------|
| 1. Headache | 4. Cough |
| 2. Vaginal | 5. Diarrhea |
| 3. KS | 6. Weight Loss |

4. Scan “bothersomeness” levels of eligible symptoms (BOTHER FLAG = severity value)

A. ANY LEVEL 1 ELIGIBLE SYMPTOMS? YES
MORE THAN ONE LEVEL 1 ELIGIBLE SYMPTOMS? IF NO, GO TO STEP 5 BELOW.
IF YES, CONTINUE.

B. ASK ITEM BELOW:

A12. You’ve told me about (LIST OF SYMPTOMS AT SAME HIGHEST BOTHER LEVEL). Which of these would you say has been most bothersome to you over the last 6 months? SELECT SYMPTOM - GO TO STEP 5 BELOW

(Circle One)

- B04A12B**
- | | |
|-----------------------------------|---|
| HEADACHE | 1 |
| COUGH / DIFFICULTY BREATHING | 2 |
| KS | 3 |
| VAGINAL | 4 |
| DIARRHEA | 5 |
| WEIGHT LOSS | 6 |

NOTE: Prior to version 11, second answer category was COUGH.

C. IF R CAN’T/WON’T SELECT ONE “MOST BOTHERSOME” SYMPTOM, SELECT ONE AT RANDOM.

B04A12C

D. IF NO LEVEL 1 ELIGIBLE SYMPTOMS, CHECK FOR LEVEL 2 SYMPTOMS IF NO LEVEL 2 ELIGIBLE SYMPTOMS, CHECK FOR LEVEL 3 SYMPTOMS

5. Ask only eligible symptom from Step 2 or most severe eligible symptom selected in Step 4 above.

A. Check symptom asked. If it was weight loss, check to see if diarrhea is an eligible symptom. If it is, ask diarrhea. Then go to Step 6 and ask random symptom if required.

6. Check Count from Step 1.

If count = 1, ask symptom then go to Section H.
If count = 2 or more, check selected symptom from Step 5
vs. random symptom from Step 3
If selected = random, go to Section H
If selected not = random, ask random symptom

7. Go to Section H