

Section E: Diarrhea

TIME THIS SECTION BEGINS RECORDED HERE
TSST04E

You said that in the last 6 months you had diarrhea or loose or watery stools.

E1. Did you get medical care for your diarrhea during the last 6 months?

(Circle One)

- B04E01** YES 1 → SKIP TO E3
NO 2
DON'T RECALL / NOT SURE 3 → SKIP TO NEXT SYMPTOM
OR SECTION H

E2. (HAND R CARD #13) Please take a look at this card and tell me which category or categories come closest to the reason why you did not get medical care.

(Circle All that Apply)

- B04E02A** a. DIDN'T THINK I NEEDED MEDICAL CARE 1
B04E02B b. RECEIVED CARE FOR THIS IN THE PAST 2
B04E02C c. COULDN'T AFFORD MEDICAL CARE 3
B04E02D d. DIDN'T KNOW WHERE TO FIND MEDICAL CARE 4
B04E02E e. COULDN'T GET AN APPOINTMENT WHEN I COULD GO 5
B04E02F f. I WAS REFUSED CARE WHEN I TRIED TO GET IT 6
B04E02G g. I DON'T FEEL COMFORTABLE SPEAKING ENGLISH AND COULDN'T
FIND MEDICAL CARE WHERE THEY SPEAK MY LANGUAGE 7
B04E04H h. SOME OTHER REASON 8

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H

E3. How soon did you get medical help about this problem after it started?

- a. ENTER HOW SOON: _____ b. CIRCLE UNIT: DAYS 1
B04E03 WEEKS 2

E4. Were you asked to collect samples of your bowel movements for testing?

(Circle One)

- B04E04** YES 1
NO 2
DON'T RECALL 3

E5. Was a medication prescribed or recommended for your diarrhea? INCLUDE PRESCRIPTIONS AND OVER THE COUNTER IF RECOMMENDED BY PROVIDER.

(Circle One)

- B04E05** YES 1
NO 2 → SKIP TO E7
DON'T RECALL 3 → SKIP TO E7

E6. (HAND R CARD #14) What was that medication? (READ LIST)

(Circle All that Apply)

- B04E06A** A. FLAGYL/METRONIDAZOLE..... 1
B04E06B B. LOMOTIL/IMODIUM 2
B04E06C C. FOSCARNET (FOSCOVIR)/GANCYLOVIR
(DHPG OR CYTOVENE) 3
B04E06D D. BACTRIM OR SEPTRA/TRIMETHOPRIM/
SULFAMETHOXAZOLE 4
B04E06E E. ANOTHER DRUG 5

E7. Since the diarrhea began, have you had endoscopy of your intestinal tract? Endoscopy is when the doctor inserts a long flexible tube into your throat or rectum to examine your stomach or colon.

(Circle One)

- B04E07** YES 1
NO 2
DON'T RECALL 3

E8. How is your diarrhea now, compared to when it first began?
Would you say it is:

(Circle One)

- B04E08** Completely or almost gone, 1
Improved, 2
About the same, or, 3
Worse 4

E9. During the time that you had diarrhea, which of the following symptoms did you have?

(Circle One on Each Line)

| | | <u>YES</u> | <u>NO</u> |
|----------------|----------------------------------------------------------------------------|------------|-----------|
| B04E09A | a. Pain in your belly? | 1 | 2 |
| B04E09B | b. Painful bowel movements? | 1 | 2 |
| B04E09C | c. Vomiting? | 1 | 2 |
| B04E09D | d. Fever? | 1 | 2 |
| B04E09E | e. Loss of weight? | 1 | 2 |
| B04E09F | f. Black or bloody bowel movements? | 1 | 2 |
| B04E09G | g. Times when you had to get to the toilet right away? | 1 | 2 |
| B04E09H | h. Times when you had no control over bowel movements? | 1 | 2 |
| B04E09I | i. Times when the need for a bowel movement woke you up at night? | 1 | 2 |

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H