

Section F: Kaposi's Sarcoma

TIME THIS SECTION BEGINS RECORDED HERE
TSST04F

You said you were bothered by Kaposi's Sarcoma (KS) in the last 6 months.

F1. CAPI CHECK A4a.

(Circle One)

- R RECEIVED TREATMENT (A4a = 1) 1 → SKIP TO F4
R NOT TREATED WITH ANTI-TUMOR (A4a = 2) 2

F2. Did you get any kind of medical care or medical evaluation for your KS for the first time in the last 6 months?

(Circle One)

- B04F02** YES 1 → SKIP TO F4
NO 2

F3. (HAND R CARD #15) 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)

- B04F03A** a. DIDN'T THINK I NEEDED MEDICAL CARE 1
B04F03B b. RECEIVED CARE FOR THIS IN THE PAST 2
B04F03C c. COULDN'T AFFORD MEDICAL CARE 3
B04F03D d. DIDN'T KNOW WHERE TO FIND MEDICAL CARE 4
B04F03E e. COULDN'T GET AN APPOINTMENT WHEN I COULD GO 5
B04F03F f. I WAS REFUSED CARE WHEN I TRIED TO GET IT 6
B04F03G g. I DON'T FEEL COMFORTABLE SPEAKING ENGLISH AND COULDN'T
FIND MEDICAL CARE WHERE THEY SPEAK MY LANGUAGE 7
B04F03H h. SOME OTHER REASON 8

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H

F4. You said that you were first treated for Kaposi's Sarcoma (KS) in the last 6 months. Did your health care provider offer any of the following tests to determine if you had internal organ involvement? READ LIST. COUNT ANY TEST OFFERED WHETHER OR NOT RESPONDENT ACTUALLY HAD THE TEST.

(Circle One on Each Line)

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
B04F04A	a. Chest x-ray?	1	2	3
B04F04B	b. X-rays of your intestinal tract?	1	2	3
B04F04C	c. 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.	1	2	3
B04F04D	d. Bronchoscopy of your lungs? Bronchoscopy is when the doctor inserts a long flexible tube down into your lungs	1	2	3
B04F04E	e. Biopsy or remove part of a skin lesion to test it?	1	2	3

F5. When you were first treated for KS, did your health care provider discuss any of the following treatment possibilities: READ LIST. INCLUDE ANY THAT WERE DISCUSSED, WHETHER OR NOT THEY WERE DONE.

(Circle One on Each Line)

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
B04F05A	a. Local treatment of lesion?	1	2	3
B04F05B	b. Interferon?	1	2	3
B04F05C	c. Chemotherapy?	1	2	3
B04F05D	d. Radiation therapy?	1	2	3

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H
