

Section G: Vaginal Discharge

TIME THIS SECTION BEGINS RECORDED HERE

TSST04G

You said that in the last 6 months you had abnormal vaginal discharge (increase in amount, change in color, or unpleasant odor) vaginal pain, itching, or irritation.

G1. Did you get medical care for your vaginal symptoms?

(Circle One)

- B04G01** YES 1 → SKIP TO G3
NO 2
DON'T RECALL / NOT SURE 3 → SKIP TO SECTION H

G2. (HAND R CARD #16) 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)

- B04G02A** a. DIDN'T THINK I NEEDED MEDICAL CARE 1
B04G02B b. RECEIVED CARE FOR THIS IN THE PAST 2
B04G02C c. COULDN'T AFFORD MEDICAL CARE 3
B04G02D d. DIDN'T KNOW WHERE TO FIND MEDICAL CARE 4
B04G02E e. COULDN'T GET AN APPOINTMENT WHEN I COULD GO 5
B04G02F f. I WAS REFUSED CARE WHEN I TRIED TO GET IT 6
B04G02G g. I DON'T FEEL COMFORTABLE SPEAKING ENGLISH AND COULDN'T
FIND MEDICAL CARE WHERE THEY SPEAK MY LANGUAGE 7
B04G02H h. SOME OTHER REASON 8

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H

G3. How soon did you get medical help about this problem after it started?

- a. ENTER HOW SOON: _____ b. CIRCLE UNIT: DAYS 1
B04G03 WEEKS 2

G4. Did you seek medical help from the provider who provides your usual HIV care or from a gynecologist?

(Circle One)

- B04G04** USUAL HIV PROVIDER 1
GYNECOLOGIST 2
USUAL HIV PROVIDER IS A GYNECOLOGIST 3
NONE OF THESE 4

G5. Did your health care provider examine your vaginal area?

(Circle One)

B04G05 YES 1
NO 2
DON'T RECALL 3

G6. Did your health care provider collect vaginal fluid for testing?

(Circle One)

B04G06 YES 1
NO 2
DON'T RECALL 3

G7. Did your health care provider prescribe a medication for your abnormal discharge, vaginal pain or itch?

(Circle One)

B04G07 YES 1
NO 2
DON'T RECALL 3