

SPANISH VERSION

**WOMEN'S INTERAGENCY HIV STUDY  
FIBROSCAN STUDIES  
FORM FSNOTI: PARTICIPATION NOTIFICATION**

**INSTRUCTIONS:** THE PURPOSE OF THIS FORM IS TO TRACK IN THE DATA MANAGEMENT SYSTEM (APOLLO) EACH TIME A PARTICIPANT HAS A FIBROSCAN PERFORMED.

- A1. PARTICIPANT ID ---
- A2. FORM VERSION: **10/02/15**
- A3. FORM COMPLETED BY:

**INTERVIEWER READ:** Me gustaría contarle acerca de un nuevo procedimiento llamado Fibroscan. Implica una ecografía de su hígado, la cual no toma más de 20 minutos. Es necesario estar en ayunas (no se debe comer ni beber nada diferente de agua) al menos por 3 horas antes del procedimiento.

- A4. ¿Está Ud. embarazada actualmente?  
YES .....1 **(SKIP TO A6. NOT ELIGIBLE.)**  
NO.....2

- A5. DOES PARTICIPANT CONSENT TO HAVE A FIBROSCAN PERFORMED?  
YES .....1  
NO.....2

- A6. ELIGIBILITY:  
ELIGIBLE, SCAN TO BE COMPLETED.....1  
ELIGIBLE, DECLINED TO PARTICIPATE .....2 **(END)**  
NOT ELIGIBLE .....3 **(END)**

- A7. WIHS CORE VISIT NUMBER AT WHICH FIBROSCAN IS COMPLETED:

- A8. DATE OF FIBROSCAN:  /  /   
M D Y

- A9. TYPE OF FIBROSCAN VISIT (indicate YES or NO for each):
- |                                   | <u>YES</u> | <u>NO</u> |
|-----------------------------------|------------|-----------|
| LIVRA* Study BASELINE VISIT ..... | 1          | 2         |
| HCV RX COMPLETION Study .....     | 1          | 2         |
| OTHER VISIT .....                 | 1          | 2         |
- SPECIFY: \_\_\_\_\_

\*LIVRA: Liver Disease and Reproductive Aging