WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 44

		VISIT 43		VISIT 44	
FOLLOW-UP INTERVIEW/EXAM FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
ABI	Arterial Brachial Index Measurement Form	4/1/2015	4/1/2015	4/1/2015	4/1/2015
DRUG2	Non-antiviral Medications	10/1/2015	10/1/2015	10/1/2015	10/1/2015
DRUG3	Hepatitis Medications	10/1/2011d	10/1/2011a	10/1/2011e	10/1/2011a
F07	Physical Exam	10/2/2014	10/2/2014	4/1/2016	4/1/2016
F08	Gynecological Exam	4/1/2015b	4/1/2015a	4/1/2015b	4/1/2015a
F08a	Potential CVL Contaminants	10/1/2005	na	10/1/2005	na
F01*/F21	Sociodemographics	10/1/2013	10/1/2013	10/1/2013a	10/1/2013a
F22HX	Follow-up Health History (visit 17+)	10/1/2015	10/1/2015	4/1/2016	4/1/2016
HOSP	Hospitalization Form	na	na	4/3/2016	4/3/2016
F22MED	Medication History (visit 17+)	10/2/2015	10/2/2015	4/1/2016a	4/1/2016
F03*/F23	OB/GYN History	11/6/2013b	11/6/2013b	11/6/2013b	11/6/2013b
F24BEH	Alcohol, Drugs & Sexual Behavior (visit 25+)	4/1/2014b	4/1/2014b	4/1/2014b	4/1/2014b
F05*/F25	Health Care Utilization	11/1/2013	11/1/2013	11/1/2013	11/1/2013
F25c	Engagement in Care	4/1/2014a	4/1/2014a	4/1/2014a	4/1/2014a
F06*/F26	Psychosocial	10/2/2013	10/2/2013	10/2/2013	10/2/2013
HX	Family and Personal Medical History	4/1/2013	4/1/2013	4/1/2013	4/1/2013
NP01	Neuropathy Signs and Symptoms - baseline	4/1/2014a	4/1/2014a	4/1/2014a	4/1/2014a
NP02	Neuropathy Signs and Symptoms - follow up	4/1/2014a	4/1/2014a	4/1/2014a	4/1/2014a
SDCQ	San Deigo Claudication Questionnaire	4/1/2014a	4/1/2014	4/1/2014a	4/1/2014

MISCELLANEOUS SUBSTUDY FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
ABC6	Activities-specific Balance Confidence Scale (ABC-6)	10/1/2015	na	10/1/2015	na
ADF	Autoimmune Disease Form	10/1/2012	10/1/2012	10/1/2012	10/1/2012
ADF02	Follow-up Autoimmune Disease Form	4/1/2013	4/1/2013	4/1/2013	4/1/2013
BPI	Brief Pain Inventory-Short Form	10/17/2012a	10/17/2012a	10/17/2012a	10/17/2012a
BX	Interim Report Biopsy Form	na	na	4/1/2016	4/1/2016
FIS*	Food Insecurity Survey	10/1/2013b	10/1/2013a	na	na
FSNOTI	Fibroscan Studies Enrollment Notification	10/2/2015	na	10/2/2015	na
HAF*	Hirsutism Assessment Form	10/1/2015a	na	na	na
ORAL	Oral Health Questionnaire	na	na	4/1/2016	na
PMU02	Follow-up Pain Medication Use Questionnaire	4/1/2015	4/1/2015	4/1/2015	4/1/2015
RACE	Ethnicity and Race Questionnaire	10/1/2011b	na	10/1/2011b	na
TECH	Mobile/Internet Technology Follow-up Questionnaire	na	na	4/1/2016	na
WAVE	Women's Adherence and Visit Engagement Study (WAVE) Questi	na	na	4/1/2016	4/1/2016a

SPECIMEN COLLECTION FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
F09*/F29	Blood Specimen Collection Form	10/1/2015a	10/1/2015a	10/1/2015a	10/1/2015a
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2009g	10/1/2009	10/1/2009i	10/1/2009
F11*/F31	Specimens Collected During PE	4/1/2015	4/1/2015	4/1/2015	4/1/2015
L20	Repository Specimen Processing	1/1/2011	na	1/1/2011	na

LOCAL LAB FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
L01	HIV ELISA and Confirmatory Testing Results	10/1/2014a	na	10/1/2014a	na
L02	Serum Antibody Tests - Hepatitis	8/15/1994b	na	8/15/1994b	na
L03	Automated CBC/Differential	10/1/2006b	na	10/1/2006b	na
L03a	Hand-Manual Differential	10/1/2004a	na	10/1/2004a	na
L04	Flow Cytometry	10/1/2013	na	10/1/2013	na
L05	Liver/Renal Function Tests	10/1/2009b	na	10/1/2009b	na
L06	Serum Antibody Tests - Syphilis Screening	11/11/2013	na	11/11/2013	na
L14	Colposcopy Results	10/1/2012a	10/1/2012a	10/1/2012a	10/1/2012a
L15	Biopsy Histopathology Pelvic Exam	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007
L16	Dysplasia Treatment	5/1/1995	9/15/1997	5/1/1995	9/15/1997
L18	Trichomonas Vaginalis Culture (optional)	8/15/1994	na	8/15/1994	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 44

		VISIT 43		VISIT 44	
CENTRAL LAB FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
C52	HPV by PCR	8/1/1995	na	8/1/1995	na
C54	Viral Load	4/1/2000	na	4/1/2000	na
C60	Pap Smear	10/1/2015	na	10/1/2015	na
ADMINISTRATIVE FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
ABRV	Abbreviated Visit	4/1/2014	na	4/1/2014a	na
ANTHRO	Anthropometry Training Form	10/1/2002a	na	10/1/2002a	na
CONS	Consent Status Tracking Form	4/1/2015	4/1/2015	4/1/2016	4/1/2016
DENR	Disenrollment Form	10/1/2011b	10/1/2011b	10/1/2011b	10/1/2011b
MVIS	Missed Visit Form	10/1/2014	10/1/2014	10/1/2014	10/1/2014
NRREF	New Recruit - Referral Checklist	4/1/2014	na	4/1/2014	na
REF	Referral Checklist	4/1/2014	na	4/1/2014	na
TRANS	Transfer Form	10/1/2010b	10/1/2010b	10/1/2010b	10/1/2010b
OUTCOMES ASCERTAINMENT FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
ATC	Ascertainment Tracking Checklist	10/1/2007i	10/1/2007c	4/1/2016	4/1/2016
CNCR	Cancer Registry Case Report	4/1/2008b	4/1/2008a	4/1/2008b	4/1/2008a
CORE	Clinical Outcomes Reporting Form	10/2/2011	10/2/2011	10/2/2011	10/2/2011
QCCD	QC Review of Cancer Diagnoses	4/1/2004	4/1/2004	4/1/2004	4/1/2004
QCGY	QC Review of Gynecologic Material	10/1/2008	na	10/1/2008	na
QCLB	Liver Biopsy Abstraction Form	6/8/2007	na	6/8/2007	na
QCSS	QC Central Review of Surgical Specimens	10/1/2000	na	10/1/2000	na
TB	TB - Verified Case Report	1/12/1999	1/12/1999	1/12/1999	1/12/1999
NEUROCOGNITION AND AGING FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
IADL-LF	Instrumental Activities of Daily Living - Long Form	4/2/2015a	4/2/2015	4/2/2015a	4/2/2015
IADL-SF	Instrumental Activities of Daily Living - Short Form	4/2/2015a	4/2/2015	4/2/2015a	4/2/2015
MEN01	Menopause Symptom Questionnaire	10/1/2013	10/1/2013a	10/1/2013	10/1/2013a
NC01a	Cognitive Measures (Standard TMT and SDMT)	4/1/2015b	4/1/2015a	4/1/2015b	4/1/2015a
NC02a	English Word List (WRAT)	4/1/2009b	4/1/2009d	4/1/2009b	4/1/2009d
NC03	Educational Experience	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a
NC04	Wechsler Test of Adult Reading (WTAR)	4/1/2009b	4/1/2009c	4/1/2009b	4/1/2009c
NC05	Interviewer Feedback	10/1/2011a	na	10/1/2011a	na
NC06	Hopkins Verbal Learning Test-Revised	4/1/2015a	4/1/2015	4/1/2015a	4/1/2015
NC07	Stroop Test	4/1/2015a	4/1/2015	4/1/2015a	4/1/2015
NC08	Verbal Fluency	10/1/2009e	10/1/2009c	10/1/2009e	10/1/2009c
NC09	Letter Number Span	10/1/2009b	10/1/2009c	10/1/2009b	10/1/2009c
NC10	Grooved Pegboard	4/1/2009	4/1/2009c	4/1/2009	4/1/2009c
PAQ	Physical Activity Questionnaire	4/1/2005a	na	4/1/2005a	na
PBM	Functional Performance Tests	10/1/2015	na	10/1/2015a	na
PTSD	Stress Assessment Questionnaire	10/1/2008e	na	10/1/2008e	na
PROSPECTIVE METABOLIC (MS) AND MUSCULOSKELETAL (MSK) SUBSTUDY FORMS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
MSKSCR	MSK: Screening form	10/25/2011	na	10/25/2011	na
MSKNOTI	MSK: Participant notification	10/1/2014a	na	10/1/2014a	na
MSK01	MSK: Participant Data Log DXA/VFA	10/1/2011	na	10/1/2011	na
MSK02	MSK: Participant Data Log QCT	10/1/2011a	na	10/1/2011a	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 44

		VISIT 43		VISIT 44	
SPANISH VERSIONS					
Form#	***Title***	***Form***	***QxQ***	***Form***	***QxQ***
ABC6	Activities-specific Balance Confidence Scale (ABC-6)	10/1/2015	na	10/1/2015	na
ABRV	Abbreviated Visit	4/1/2014	na	4/1/2014a	na
ADF	Autoimmune Disease Form	10/1/2012	na	10/1/2012	na
ADF02	Follow-up Autoimmune Disease Form	4/1/2013	na	4/1/2013	na
BX	Interim Report Biopsy Form	na	na	4/1/2016	na
DRUG2	Non-antiviral Medications	10/1/2015	na	10/1/2015	na
DRUG3	Hepatitis Medications	10/1/2011d	na	10/1/2011e	na
F07	Physical Exam	10/2/2014	na	4/1/2016	na
F01*/F21	Sociodemographics	10/1/2013a	na	10/1/2013b	na
F22HX	Follow-up Health History	10/1/2015	na	4/1/2016	na
F22MED	Medication History	10/2/2015	na	4/1/2016a	na
F03*/F23	OB/GYN History	11/6/2013c	na	11/6/2013c	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visits 25+)	4/1/2014c	na	4/1/2014c	na
F05*/F25	Health Care Utilization	11/1/2013b	na	11/1/2013b	na
F25c	Engagement in Care	4/1/2014c	na	4/1/2014c	na
F06*/F26	Psychosocial	10/2/2013	na	10/2/2013	na
F26r	History of Abuse	10/1/2006a	na	10/1/2006a	na
F29	Blood Specimen Collection Form	10/1/2015a	na	10/1/2015a	na
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2009f	na	10/1/2009i	na
FIS*	Food Insecurity Survey	10/1/2013b	na	na	na
FSNOTI	Fibroscan Studies Enrollment Notification	10/2/2015	na	10/2/2015	na
HAF*	Hirsutism Assessment Form	10/1/2015a	na	na	na
HOSP	Hospitalization Form	na	na	4/3/2016	na
HX	Family and Personal Medical History	4/1/2013	na	4/1/2013	na
MEN01	Menopause Symptom Questionnaire	10/1/2013	na	10/1/2013	na
MSKSCR	Musculoskeletal Substudy Screening Form	10/25/2011	na	10/25/2011	na
NC02a	English Word List (WRAT)	4/1/2009b	na	4/1/2009b	na
NC02b	Spanish Word List (WAT)	4/1/2009a	4/1/2009	4/1/2009a	4/1/2009
NC03	Educational Experience	10/1/2004a	na	10/1/2004a	na
NP01	Neuropathy Signs and Symptoms - baseline	4/1/2014a	na	4/1/2014a	na
NP02	Neuropathy Signs and Symptoms - follow up	4/1/2014a	na	4/1/2014a	na
ORAL	Oral Health Questionnaire	na	na	4/1/2016	na
PAQ	Physical Activity Questionnaire	4/1/2005a	na	4/1/2005a	na
PBM	Performance-based Measurements	10/1/2015	na	10/1/2015a	na
PMU	Pain Medication Use Questionnaire	4/1/2015	na	4/1/2015	na
PMU02	Follow-up Pain Medication Use Questionnaire	4/1/2015	na	4/1/2015	na
RACE	Ethnicity and Race Questionnaire	10/1/2011a	na	10/1/2011a	na
SCR	New Recruit Sreening Form	5/22/2013f	na	5/22/2013f	na
SDCQ	San Diego Claudication Questionnaire	4/1/2014a	na	4/1/2014a	na
TECH	Mobile/Internet Technology Follow-up Questionnaire	na	na	4/1/2016	na
WAVE	Women's Adherence and Visit Engagement Study (WAVE) Questi	na	na	4/1/2016	na

* Discontinued forms