WOMEN'S INTERAGENCY HIV STUDY ABBREVIATED VISIT QUESTIONNAIRE (ABRV)

10/01/10



A5. INTERVIEWER'S INITIALS:

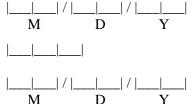
FORM VERSION:

A1.

A2.

A3.

A6. DATE OF LAST STUDY VISIT: (FROM VISIT CONTROL SHEET)



A9. PARTICIPANT STATUS (REASON FOR ABBREVIATED VISIT):

PARTICIPANT IS INCARCERATED OR UNDER HOME DETENTION WITH	
RESTRICTIONS (TIME, ILLNESS OR REGULATIONS)1	(A10)
PARTICIPANT IS TOO ILL	(A10)
PARTICIPANT HAS MOVED OUT OF AREA	
REPEATED SCHEDULING ATTEMPTS MADE; APPOINTMENTS NOT KEPT	

a. WAS PARTICIPANT'S LAST VISIT AN ABBREVIATED VISIT?

YES1	(PROMPT)
NO2	(A10)

<u>PROMPT</u>: IF THE PARTICIPANT'S LAST VISIT WAS AN ABBREVIATED VISIT, END THE FORM AND COMPLETE A MISSED VISIT (MVIS) FORM FOR THE PARTICIPANT. DO NOT DATA ENTER THE ABRV FORM, ONLY THE MVIS FORM.

A10. INTERVIEW TOOK PLACE:

a.

BY TELEPHONE In person	
INTERVIEW WAS CONDUCTED IN:	
WIHS CLINIC	1
OTHER CLINIC	-
Participant's home Family/partner's home	
SPECIFY: Participant's home	3
CORRECTIONAL FACILITY	
DRUG TREATMENT CENTER	6
HOSPICE	7
HOSPITAL	8
HOSPITAL	

SPECIFY: ____

A11.	WAS F29/PHLEBOTOMY FORM COMPLETED FOR THIS ABBREVIATED VISIT:
	YES
	a. WHY NOT?
	PARTICIPANT WAS TOO SICK
A12.	WAS F31/SPECIMEN FORM COMPLETED FOR THIS ABBREVIATED VISIT:
	YES
	PARTICIPANT WAS TOO SICK

SECTION B

INTRODUCTION: Thank you for continuing to participate in this study. Although at this time you are unable to complete the entire study visit, your answers to the next questions in this shortened version of the interview are very important and as always will be kept strictly confidential. Since there are many different women in this study, some of the questions may not apply to your circumstances. Please answer the questions as best you can and if you wish to take a break or stop just let me know. I will go through this questionnaire as quickly as possible. Again, thank you for your time and energy.

B1. Are you currently pregnant?

YES1	
NO2	(B3)

B2. Excluding this pregnancy, since your (MONTH) study visit, how many times have you been pregnant?

IF B3 = 00, SKIP TO SECTION C.

PROMPT: IF B2 = 00, SKIP TO SECTION C. IF B2 > 00, SKIP TO B4.

B3. Since your (MONTH) study visit, how many times have you been pregnant?

START ABRVS3

B4. INSTRUCTIONS:

PROMPT:

- **READ**: Now I am going to ask you about all of your pregnancies, since your (MONTH) study visit (excluding your current pregnancy). Let's begin with the first pregnancy.
- HAND PARTICIPANT RESPONSE CARD 8
- COMPLETE FOR ALL PREGNANCIES REPORTED AT EITHER B2 OR B3, THEN SKIP TO SECTION C .
- COLLECT MONTH AND YEAR FOR EACH PREGNANCY

			b. How	c. When did this
			many babies	occur/happen? I need the
			were born?	month and year.
B5. 1st	Live birth1			
	Stillbirth2	Ectopic Preg		
	Abortion (Induced/	Other		
	Elective/Therapeutic)3 (c)			
	Miscarriage (Spontaneous	DON'T KNOW<-8> (c)	# BABIES	M Y
	Abortion)			
	LIVE BIRTH1	ECTOPIC PREG		
B6.2nd	STILLBIRTH	OTHER		
	ABORTION			/
	MISCARRIAGE	DOIN I KINOW $<-6>$ (C)	# BABIES	M Y
	LIVE BIRTH1	ECTOPIC PREG		
B7.3rd	STILLBIRTH2	OTHER		
27.014	ABORTION	SPECIFY:		
	MISCARRIAGE4 (c)	DON'T KNOW<-8> (c)	# BABIES	M Y
			1	

END ABRVS3_

SECTION C

PROMPT: Administer the entire *F22HX* (*Follow-Up Health History*) and *F22MED* (*Medication History*) to the participant. Complete an *Ascertainment Tracking Checklist (ATC)* for all AIDS-defining illnesses and biopsies the participant self reports. An *Antiretroviral Dosage Form (DSG)* should be completed if the participant reports use of any antiretroviral medications on F22MED. In addition, a *Drug Form 1* should be completed for each antiretroviral medication the participant reports she is currently taking. No *Drug Form 2s* or *Drug Form 3s* need be completed for the Abbreviated Visit.

If the abbreviated visit interview is conducted by telephone and the participant will not be seen for exams/specimen collection, then a *Medical Record Release* form should be mailed to the participant along with a self-addressed stamped envelope. Abstraction cannot be performed without the participant's signed consent.

PROMPT: If the visit is conducted in person and the participant is willing and able, have the phlebotomist/clinician collect a urine specimen, draw blood and perform the physical and gynecological examinations.

If the visit is conducted via telephone, ask if the participant would be willing to come in to the clinic or be visited at her home to have specimens collected and/or exams performed.

PROMPT: After administration of *F22HX* (*Follow-Up Health History*), *F22MED* (*Medication History*), *Antiretroviral Dosage Form* (DSG) and Drug Form 1 (if applicable) is complete, schedule the participant's next core visit, if it is feasible.