## SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

A2. WIHS STUDY VISIT \#:
A3. FORM VERSION:
A4. DATE OF INTERVIEW:



10/01/09


## SECTION B: PRE-SCREEN CRITERIA

INTRODUCTION TO PARTICIPANT: I would like to ask you some questions to see if you are eligible for a new substudy we are doing. We will be looking at different immune tissues in the intestines and in the lining of the uterus.

| INTERVIEWER: CIRCLE ONE ANSWER FOR EACH QUESTION. IF ANY RESPONSE FALLS IN A SHADED AREA, PARTICIPANT IS INELIGIBLE. GO TO SECTION C. |  | Yes | No |
| :---: | :---: | :---: | :---: |
| B1. | Are you pregnant or planning a pregnancy? Are you breastfeeding or have you breastfed within the last six months? | 1 | 2 |
|  | Do you have regular menstrual cycles most months? This means there are usually 21 to 35 days between your periods. | 1 | 2 |
| B3. | Have you used hormonal contraceptives (birth control pills, the patch or the Depo shot) or an IUD in the last 12 months? | 1 | 2 |
| B4. | Has any health care provider ever told you that you have inflammatory bowel disease? | 1 | 2 |
| B5. | Has a medical provider ever told you that you have a bleeding disorder? This means that your blood either takes too long to clot or clots too quickly. | 1 | 2 |
| B6. | Have you used any immune modulating drugs or systemic corticosteroids in the last 12 months? (This includes drugs like Prednisone, Medrol, Plaquenil, Betamethasone, Interferon, Enbrel, etc.). <br> INTERVIEWER: PLEASE REFER TO MALT STUDY QxQs FOR COMPLETE LIST OF EXCLUSIONARY MEDICATIONS. | 1 | 2 |

## SECTION C: OUTCOME

## C1. ELIGIBLITY (CIRCLE APPROPRIATE RESPONSE)

Participant is ineligible. $\qquad$ 1 (END)
Participant appears eligible .................... 2
2 (Refer to appropriate WIHS site staff for possible enrollment in substudy)

