WOMEN'S INTERAGENCY HIV STUDY
METABOLIC STUDY
FORM MSNOTI: PARTICIPATION NOTIFICATION

INSTRUCTIONS:

The purpose of this form is to track in the Data Management System when a participant enrolls into the Metabolic Substudy. This form should be completed for each participant that has been targeted as eligible for the Metabolic Substudy.

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

A2. FORM VERSION: 0 4 / 0 1 / 0 3
M D Y

A3. FORM COMPLETED BY: ___ ___ ___

A4. DOES PARTICIPANT CONSENT TO ENROLL INTO THE METABOLIC SUBSTUDY?

YES.....1
NO.....2 **(END)**

A5. WIHS CORE VISIT NUMBER AT WHICH PARTICIPANT WAS ENROLLED INTO THE METABOLIC SUBSTUDY: ___ ___

A6. DATE OF METABOLIC SUBSTUDY ENROLLMENT VISIT: ___ ___ / ___ ___/ ___ ___
M D Y

A7. INDICATE THE EXPOSURE GROUP OF WHICH THE PARTICIPANT IS A MEMBER:

HIV+; PRE-MENOPAUSAL; HAART NAÏVE.....1
HIV+; PRE-MENOPAUSAL; HAART EXPOSED.....2
HIV-; PRE-MENOPAUSAL.....3
HIV+; POST-MENOPAUSAL.....4

A8. PARTICPANT'S AGE AT DATE OF ENROLLMENT: |__|__|

A9. PARTICIPANT'S RACE/ETHNICITY:

WHITE, NON-HISPANIC.....1
WHITE, HISPANIC.....2
AFRICAN-AMERICAN, NON-HISPANIC.....3
AFRICAN-AMERICAN, HISPANIC.....4
OTHER, NON-HISPANIC
(INCLUDING ASIAN, NATIVE AMERICAN, ETC.).....5
OTHER, HISPANIC.....6