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
		$\frac{0}{M} \frac{4}{M} / \frac{0}{D} \frac{1}{M} / \frac{0}{M} \frac{3}{M}$
A3.	FORM COMPLETED BY:	
A4.	DOES PARTICIPANT CONSENT TO ENROLL INTO THE METABOLIC SUBSTUDY?	
	YES1	
	NO2 (END)	
A5.	WIHS CORE VISIT NUMBER AT WHICH PAR	TICIPANT WAS
	ENROLLED INTO THE METABOLIC SUBSTU	DY:
A6.	DATE OF METABOLIC SUBSTUDY	
	ENROLLMENT VISIT:	M D Y
A7.	INDICATE THE EXPOSURE GROUP OF WHIC	CH THE PARTICIPANT IS A MEMBER:
	HIV+; PRE-MENOPAUSAL; HAART N	AÏVE OR NO HAART IN
	18 MONTHS PRIOR TO ENROLLMENT1	
	HIV+; PRE-MENOPAUSAL; HAART EXPOSED IN 18 MONTHS	
	PRIOR TO ENROLLMENT	
	HIV-; PRE-MENOPAUSAL	3
	HIV+; POST-MENOPAUSAL	
A8.	PARTICPANT'S AGE AT DATE OF ENROLLM	MENT: _
A9.	PARTICIPANT'S RACE/ETHNICITY:	
	WHITE, NON-HISPANIC	1
	WHITE, HISPANIC	
	AFRICAN-AMERICAN, NON-HISPANI	C3
	AFRICAN-AMERICAN, HISPANIC	4
	OTHER, NON-HISPANIC	
	(INCLUDING ASIAN, NATIVE A	
	OTHER, HISPANIC	6