

**WOMEN'S INTERAGENCY HIV STUDY
METABOLIC STUDY: SCREENING FORM**

ID LABEL HERE ---> ---

WIHS VISIT #:
FORM COMPLETED BY:

VERSION DATE **04/01/03**

A1. DATE OF SCREENING: / /
M D Y

A2. IS THE PARTICIPANT PREGNANT?
YES 1 **(END FORM; PARTICIPANT IS EXCLUDED FROM STUDY)**
NO 2

A3. IS THE PARTICIPANT TAKING HORMONES INCLUDING ESTROGEN, ORAL CONTRACEPTIVES?
YES 1 **(END FORM; PARTICIPANT IS EXCLUDED FROM STUDY)**
NO 2

A4. a. HEIGHT (ROUND TO NEAREST 1.0 INCH): FEET INCHES

b. IS THE PARTICIPANT OVER 6 FEET 1 INCH TALL?
YES 1 **(END FORM; PARTICIPANT IS EXCLUDED FROM STUDY)**
NO 2

A5. a. WEIGHT (ROUND TO NEAREST 1.0 POUND): LBS

b. DOES THE PARTICIPANT WEIGH OVER 264 POUNDS?
YES 1 **(END FORM; PARTICIPANT IS EXCLUDED FROM STUDY)**
NO 2

A6. DOES THE PARTICIPANT HAVE METAL RODS IN HER SPINE?
YES 1 **(END FORM; PARTICIPANT IS EXCLUDED FROM STUDY)**
NO 2

A7. HAS THE PARTICIPANT HAD A BARIUM SWALLOW PROCEDURE OR NUCLEAR MEDICINE PROCEDURE IN THE LAST WEEK?
YES 1 **(END FORM; RESCHEDULE PARTICIPANT)**
NO 2 **(PROMPT BELOW)**

PROMPT: PARTICIPANT IS ELIGIBLE FOR ENROLLMENT IN THE METABOLIC SUBSTUDY. SCHEDULE PARTICIPANT FOR METABOLIC SUBSTUDY VISIT. THE SCREENING FORM WILL NOT BE DATA ENTERED.