WOMEN'S INTERAGENCY HIV STUDY METABOLIC SUBSTUDY: SCREENING FORM

ID LA	BEL HERE> - - WIHS VISIT FORM COMPLETED BY: #:
VERSION DATE 04/01/05	
A1.	DATE OF SCREENING: / / Y
A2.	HAS THE PARTICIPANT BEEN PREGNANT OR BREASTFEEDING IN THE PAST 6 MONTHS?
	YES
A3.	HAS THE PARTICIPANT TAKEN EXOGENOUS FEMALE HORMONE THERAPY (INCLUDING ESTROGEN, PROGESTERONE, BIRTH CONTROL PILLS, NORPLANT, DEPO PROVERA, BIRTH CONTROL PATCH OR HORMONE REPLACEMENT THERAPY FOR MENOPAUSE) IN THE PAST 12 MONTHS?
	YES
A4.	HAS THE PARTICIPANT TAKEN GROWTH HORMONES OR STEROIDS ON A REGULAR BASIS IN THE PAST 12 MONTHS?
	YES
A5.	a. HEIGHT (ROUND TO NEAREST 1.0 INCH): FEET INCHES
	b. IS THE PARTICIPANT OVER 6 FEET 1 INCH TALL?
	YES
A6.	a. WEIGHT (ROUND TO NEAREST 1.0 POUND): _ LBS
	b. DOES THE PARTICIPANT WEIGH OVER 264 POUNDS?
	YES
A7.	DOES THE PARTICIPANT HAVE METAL RODS IN HER SPINE?
	YES
A8.	HAS THE PARTICIPANT HAD A BARIUM SWALLOW PROCEDURE OR NUCLEAR MEDICINE PROCEDURE IN THE LAST WEEK?
	YES

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