WOMEN'S INTERAGENCY HIV STUDY REFERRAL CHECKLIST NEW RECRUIT BASELINE VISIT

	AFFIX ID LABEL HERE \rightarrow	
A1.	PARTICIPANT ID: ENTER ID NUMBER ONLY IF ID LABEL IS NOT AVAILABLE	- - - -
A2.	WIHS STUDY VISIT NUMBER	
A3.	FORM COMPLETED BY	
A4.	FORM VERSION:	04/01/14

INSTRUCTIONS: USE AS A CHECKLIST TO INDICATE WHERE TO REFER PARTICIPANT FOR FURTHER EVALUATION / ASSISTANCE.

QU	a. ORM & JESTION MBER(S)	b. REASON FOR REFERRAL	c. REFER TO:		
F20	F20 - NEW RECRUIT BASELINE HISTORY				
	E56	SEX FOR DRUGS, MONEY OR SHELTER	COUNSELOR		
	E56a	SEX FOR DRUGS	COUNSELOR		
F21	- SOCIODI	EMOGRAPHICS			
	B3	LIVING ON STREETS/BEACH	SOCIAL SERVICE PROVIDER		
	B21	NO INCOME AT ALL	SOCIAL SERVICE PROVIDER		
F22	F22HX - FOLLOW-UP HEALTH HISTORY				
	B1	FEVER OF > 100 DEGREES FAHRENHEIT FOR > ONE MONTH	MEDICAL PROVIDER		
	B3	MAJOR PROBLEMS WITH MEMORY OR CONCENTRATION > 2 WEEKS	MEDICAL PROVIDER		
	B4	NUMBNESS, TINGLING, BURNING IN ARMS, LEGS, FEET > 2 WEEKS	MEDICAL PROVIDER		
	B5	UNEXPECTED WEIGHT LOSS OF > 10 LBS FOR > ONE MONTH	MEDICAL PROVIDER		

F22HX - FOLLOW-UP HEALTH HISTORY					
B6	CONFUSION, UNABLE TO PERFORM ROUTINE TASKS	MEDICAL PROVIDER			
B7	DRENCHING NIGHT SWEATS	MEDICAL PROVIDER			
F23 - OBSTE	23 - OBSTETRIC, GYNECOLOGIC AND CONTRACEPTIVE HISTORY				
B7c	PREGNANT AND NO APPOINTMENT TO SEE HCP FOR PRENATAL CARE	FOR PRENATAL CARE			
B19	BLEEDING BETWEEN PERIODS	HEALTH CARE PROVIDER			
B21	BLEEDING AFTER VAGINAL INTERCOURSE	HEALTH CARE PROVIDER			
E17	ABNORMAL/INCREASED VAGINAL DISCHARGE	HEALTH CARE PROVIDER			
E18	ABNORMAL/UNUSUAL VAGINAL ODOR	HEALTH CARE PROVIDER			
E19	ITCHING AROUND VAGINA	HEALTH CARE PROVIDER			
E20	SORE/ULCER IN OR AROUND GENITAL AREA	HEALTH CARE PROVIDER			
E21	PAIN IN OR AROUND VAGINA	HEALTH CARE PROVIDER			
F2	DISCHARGE FROM EITHER NIPPLE	HEALTH CARE PROVIDER			
F3a	PAIN IN BREAST(S) B NOT BEFORE PERIOD	HEALTH CARE PROVIDER			
F4	LUMP IN BREAST	HEALTH CARE PROVIDER			
F24BEH - Al	COHOL, DRUG USE AND SEXUAL BEHAVIOR				
B2/B2c	PT CURRENTLY SMOKES	COUNSELOR			
B7a	PT DRINKS ALCOHOL AT LEAST 3-4 DAYS/WEEK	COUNSELOR			
C1	USED MARIJUANA/HASH	COUNSELOR			
C2	SMOKED CRACK	COUNSELOR			
C3	INJECTED CRACK	COUNSELOR			
C4	SNIFFED, SNORTED OR SMOKED COCAINE	COUNSELOR			
C5	INJECTED COCAINE	COUNSELOR			
C6	SNIFFED OR SNORTED HEROIN	COUNSELOR			
C7	SMOKED HEROIN	COUNSELOR			
C8	INJECTED HEROIN	COUNSELOR			
С9	INJECTED SPEEDBALL	COUNSELOR			

F24BEH - ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR				
C10	SNIFFED OR SMOKED METHAMPHETAMINE	COUNSELOR		
C11	INJECTED METHAMPHETAMINE	COUNSELOR		
C14	USED HALLUCINOGENS	COUNSELOR		
C15	USED CLUB DRUGS	COUNSELOR		
C16a	USED METHADONE WITHOUT PRESCRIPTION	COUNSELOR		
C16c	USED NARCOTIC DRUGS WITHOUT PRESCRIPTION	COUNSELOR		
C16f	USED AMPHETAMINES	COUNSELOR		
C18	USED OTHER ILLICIT DRUGS	COUNSELOR		
C20a	SHOOTING GALLERY	COUNSELOR		
C22	USED INJECTION EQUIPMENT AFTER SOMEONE ELSE	COUNSELOR		
C24	SOMEONE ELSE USED INJECTION EQUIPMENT AFTER PARTICIPANT	COUNSELOR		
D5b	SOMETIMES OR NEVER USES CONDOM DURING VAGINAL SEX (WITH MALE PARTNERS)	COUNSELOR		
D6b	SOMETIMES OR NEVER USES CONDOM WHEN GIVING ORAL SEX (TO MALE PARTNERS)	COUNSELOR		
D7b	SOMETIMES OR NEVER USES DENTAL DAM WHEN RECEIVING ORAL SEX (FROM MALE PARTNERS)	COUNSELOR		
D8b	SOMETIMES OR NEVER USES CONDOMS DURING ANAL SEX (WITH MALE PARTNERS)	COUNSELOR		
F1	HAS HAD SEX FOR DRUGS OR MONEY OR SHELTER	COUNSELOR		
r - HISTOR	Y OF ABUSE			
B3a-m, ii	PHYSICAL ABUSE HAS NOT STOPPED	COUNSELOR		
C1	PARTNER THREATENED TO HURT OR KILL	COUNSELOR		
D3a-m, ii	SEXUAL ABUSE HAS NOT STOPPED	COUNSELOR		
D4	FORCED TO HAVE SEX WITH SOMEONE HIV+	COUNSELOR		
- PSYCHO	SOCIAL MEASURES			
F1a	SEXUAL ABUSE BY CURRENT PARTNER	COUNSELOR		
F2	SEXUAL ABUSE HAS NOT STOPPED	COUNSELOR		
	C10 C11 C14 C15 C16a C16c C16f C18 C20a C22 C24 D5b D6b D7b D6b D7b D8b F1 Sa-m, ii C1 D3a-m, ii D4 F1a	C10SNIFFED OR SMOKED METHAMPHETAMINEC11INJECTED METHAMPHETAMINEC14USED HALLUCINOGENSC15USED CLUB DRUGSC16aUSED NARCOTIC DRUGS WITHOUT PRESCRIPTIONC16cUSED NARCOTIC DRUGS WITHOUT PRESCRIPTIONC16dUSED AMPHETAMINESC18USED OTHER ILLICIT DRUGSC20aSHOOTING GALLERYC22USED INJECTION EQUIPMENT AFTER SOMEONEELSESOMEONE ELSE USED INJECTION EQUIPMENT AFTER PARTICIPANTD5bSOMETIMES OR NEVER USES CONDOM DURING VAGINAL SEX (WITH MALE PARTNERS)D6bSOMETIMES OR NEVER USES CONDOM WHEN GIVING ORAL SEX (TO MALE PARTNERS)D7bSOMETIMES OR NEVER USES CONDOM SURING ANAL SEX (WITH MALE PARTNERS)D7bSOMETIMES OR NEVER USES CONDOM SURING ANAL SEX (WITH MALE PARTNERS)D7bSOMETIMES OR NEVER USES CONDOMS DURING ANAL SEX (WITH MALE PARTNERS)F1HAS HAD SEX FOR DRUGS OR MONEY OR SHELTERr HISTORY OF ABUSED3a-m, iiPHYSICAL ABUSE HAS NOT STOPPEDC1PARTNER THREATENED TO HURT OR KILLD3a-m, iiSEXUAL ABUSE HAS NOT STOPPEDD4FORCED TO HAVE SEX WITH SOMEONE HIV+- PSYCHOSCIAL MEASURESF1aSEXUAL ABUSE BY CURRENT PARTNER		

	F4	FORCED TO HAVE SEX WITH SOMEONE HIV+	COUNSELOR	
F2	6 - PSYCHO	SOCIAL MEASURES		
	G1a	PHYSICAL ABUSE BY CURRENT PARTNER	COUNSELOR	
	G2	PHYSICAL ABUSE HAS NOT STOPPED	COUNSELOR	
	H1	PARTNER THREATENED TO HURT OR KILL	COUNSELOR	
	H9	DOMESTIC VIOLENCE HAS NOT STOPPED	COUNSELOR	
	H12	AFRAID OF PARTNER	COUNSELOR	
	H13	THINKS PARTNER MIGHT TRY TO KILL HER	COUNSELOR	
	H14	AFRAID TO GO HOME	COUNSELOR	
F7	F7r - PHYSICAL EXAM ADDENDUM			
	D1	ABNORMAL BREAST EXAM	MEDICAL PROVIDER	
	D8	NEW BREAST MASS/ABNORMALITY	MEDICAL PROVIDER	
FO	F07 - PHYSICAL EXAM			
	D1b	ABNORMAL BREAST EXAM	MEDICAL PROVIDER	
	D8	NEW BREAST MASS/ABNORMALITY	MEDICAL PROVIDER	
	E1	BLOOD PRESSURE < 90/60 OR > 140/90	MEDICAL PROVIDER	
F08 - GYNECOLOGICAL EXAM				
	FORM	ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE	SOCIAL SERVICE PROVIDER AND/OR LAW ENFORCEMENT	
NP01 - BASELINE NEUROPATHY SIGNS AND SYMPTOMS FORM				
	B2a-b	PT REPORTS PAIN AT "8" OR ABOVE	MEDICAL PROVIDER OR NEUROLOGIST	
	B4a-b	PT REPORTS PAIN AT "8" OR ABOVE	MEDICAL PROVIDER OR NEUROLOGIST	
	Вба-b	PT REPORTS PAIN AT "8" OR ABOVE	MEDICAL PROVIDER OR NEUROLOGIST	