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

AFFIX ID LABEL HERE →			
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: 10/01/10			
NSTRUCTIONS: USE AS A CHECKLIST TO INDICATE WHERE TO REFER			

a. FORM & QUESTION NUMBER(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	- SOCIOD	EMOGRAPHICS			
	В3	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		
	В3	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		

В6	CONFUSION, UNABLE TO PERFORM ROUTINE TASKS	MEDICAL PROVIDER		
В7	DRENCHING NIGHT SWEATS	MEDICAL PROVIDER		
F23 - OBS	F23 - OBSTETRIC, GYNECOLOGIC AND CONTRACEPTIVE HISTORY			
B7b	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) – NOT BEFORE PERIOD	HEALTH CARE PROVIDER		
F4	LUMP IN BREAST	HEALTH CARE PROVIDER		
F24BEH -	- ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR			
B2	PT CURRENTLY SMOKES	COUNSELOR		
B7a	PT DRINKS ALCOHOL AT LEAST 3-4 DAYS/WEEK	COUNSELOR		
B24	PT THINKS SHE SHOULD CUT DOWN ON DRINKING	COUNSELOR		
B25	HEALTH PROVIDER TOLD PT TO CUT DOWN ON DRINKING	COUNSELOR		
B26	PT IS INTERESTED IN REFERRAL TO A PROGRAM TO REDUCE DRINKING	COUNSELOR		
C1	USED MARIJUANA/HASH	COUNSELOR		
C2	SMOKED CRACK	COUNSELOR		
C3	INJECTED CRACK	COUNSELOR		
C4	SNIFFED OR SNORTED COCAINE	COUNSELOR		
C5	INJECTED COCAINE	COUNSELOR		
C6	SNIFFED OR SNORTED HEROIN	COUNSELOR		
C7	SMOKED HEROIN	COUNSELOR		

C8	INJECTED HEROIN	COUNSELOR
C9	INJECTED SPEEDBALL	COUNSELOR
C10	SNIFFED OR SMOKED METHAMPHETAMINE	COUNSELOR
C11	INJECTED METHAMPHETAMINE	COUNSELOR
C12	USED METHADONE WITHOUT PRESCRIPTION	COUNSELOR
C13	USED AMPHETAMINES	COUNSELOR
C14	USED HALLUCINOGENS	COUNSELOR
C15	USED CLUB DRUGS	COUNSELOR
C16	USED NARCOTIC DRUGS WITHOUT PRESCRIPTION	COUNSELOR
C19a	SHOOTING GALLERY	COUNSELOR
C21	USED NEEDLE OR SYRINGE AFTER SOMEONE ELSE	COUNSELOR
C22	USED COOKER OR COTTON AFTER SOMEONE ELSE	COUNSELOR
C23	USED RINSE WATER AFTER SOMEONE ELSE	COUNSELOR
C24	SOMEONE ELSE USED NEEDLE OR SYRINGE AFTER PARTICIPANT	COUNSELOR
C25	SOMEONE ELSE USED COOKER OR COTTON AFTER PARTICIPANT	COUNSELOR
C26	SOMEONE ELSE USED RINSE WATER 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

F26	F26r - HISTORY OF ABUSE				
	В3	PHYSICAL ABUSE HAS NOT STOPPED	COUNSELOR		
	C1	PARTNER THREATENED TO HURT OR KILL	COUNSELOR		
	D3	SEXUAL ABUSE HAS NOT STOPPED	COUNSELOR		
	D4	FORCED TO HAVE SEX WITH SOMEONE HIV+	COUNSELOR		
F26	F26 - PSYCHOSOCIAL MEASURES				
	F2	SEXUAL ABUSE HAS NOT STOPPED	COUNSELOR		
	F4	FORCED TO HAVE SEX WITH SOMEONE HIV+	COUNSELOR		
	G1	PARTNER THREATENED TO HURT OR KILL	COUNSELOR		
	G12	AFRAID OF PARTNER	COUNSELOR		
	G13	THINKS PARTNER MIGHT TRY TO KILL HER	COUNSELOR		
	G14	AFRAID TO GO HOME	COUNSELOR		
	H2	PHYSICAL ABUSE HAS NOT STOPPED	COUNSELOR		
F07	r – PHYSIC	CAL EXAM ADDENDUM			
	B1	ABNORMAL SKIN EXAM	MEDICAL PROVIDER		
	C1	ABNORMAL ORAL EXAM	MEDICAL PROVIDER		
	D1	ABNORMAL BREAST EXAM	MEDICAL PROVIDER		
	D8	NEW BREAST MASS/ABNORMALITY	MEDICAL PROVIDER		
	E1	ABDOMINAL ABNORMALITIES	MEDICAL PROVIDER		
F07	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	- GYNECO	DLOGICAL EXAM			
	FORM	ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE	SOCIAL SERVICE PROVIDER		

_	WIHS ID#			

NP	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	
	B6a-b	PT REPORTS PAIN AT "8" OR ABOVE	MEDICAL PROVIDER OR NEUROLOGIST	