WOMENS INTERAGENCY HIV STUDY SEX STEROID STUDY FORM SSSCR: SCREENING FORM

THIS FORM SHOULD BE COMPLETED AT WIHS CORE VISIT 18 AND 19 FOR ALL WIHS PARTICIPANTS

SECTION A: GENERAL INFORMATION

A1.	PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE	
A2.	WIHS STUDY VISIT #:	
A3.	FORM VERSION:	04/01/03
A4.	DATE OF COMPLETION:	
A5.	INTERVIEWER'S INITIALS:	
	SECTION B: PREGNANCY AND	MENSTRUAL STATUS
B1.	IS PARTICIPANT CURRENTLY PREGNANT? QUESTION B7, FORM 23 ?)	(DID PARTICIPANT ANSWER 'YES' TO
	YES	
	NO	,
B2.	ASK PARTICIPANT: Have you taken any hormones, including hormona therapy, in the past 12 months? (PROMPT: SEE DISQUALIFYING MEDICATIONS.)	
	YES	
	NO	2
B3.	HAS THE PARTICIPANT BEEN BREASTFEEDING IN THE PAST 6 MONTHS? (DID PARTICIPANT ANSWER 'YES' TO QUESTION F1 ON FORM 23 ?)	
	YES	
	NO	2
B4.	IS THE FIRST DAY OF THE PARTICIPANT'S QUESTION B14, FORM 23), WITHIN THE PA	
	YES	1
	NO	2 (INELIGIBLE, GO TO B7)

WIHS I	D#		
B5.	WHAT WAS THE FIRST DAY OF THE PARTICIPANT'S LAST PERIOD, (AS REPORTED IN QUESTION B14, FORM 23)?		
	FIRST DAY OF LAST MENSTURAL PERIOD:///		
B6.	ASK PARTICIPANT: Have you EVER had one or more ovaries removed?		
	YES 1 (INELIGIBLE, GO TO B7)		
	NO		
	ENROLLEMENT IN SEX STEROID STUDY, B7)		
B7.	OUTCOME:		
	ELIGIBLE, OKAY TO CALL TO SCHEDULE APPOINTMENT1 (C1)		
	ELIGIBLE, DECLINED TO PARTICIPANT		
	INELIGIBLE		
	SECTION C: CONTACT INFO		
C1.	ASK PARTICIPANT:		
CI.	Has your phone number changed since your last visit?		
	YES		
	NUMBER, END)		
	NO		
	SECTION D: PARTICIPANT DECLINES		
D1.	WHY DID THE PARTICIPANT DECLINE ENROLLMENT INTO THE SEX STEROID SUBSTUDY?		
	No time for extra visit		
	Doesn't want extra blood taken2		
	Incentive not sufficient		
	Child care problem4		
	Transportation problem		
	Other6		
	Specify:		
	DO NOT DATA ENTER SSSCR.		
	DO NOT DITTE BUILDINGS		