

SPANISH VERSION

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: M / D / Y
A5. INTERVIEWER'S INITIALS:

SECTION B: PREGNANCY AND MENSTRUAL STATUS

- B1. IS PARTICIPANT CURRENTLY PREGNANT? (DID PARTICIPANT ANSWER 'YES' TO QUESTION B7, FORM 23?) YES... 1 (INELIGIBLE, GO TO B7) NO... 2
B2. ASK PARTICIPANT: En los últimos 12 meses, ¿ha tomado alguna hormona, con inclusión del control de la natalidad hormonal y la terapia de sustitución de hormonas? (PROMPT: SEE SSSCR QxQs FOR LIST OF DISQUALIFYING MEDICATIONS.) YES... 1 (INELIGIBLE, GO TO B7) NO... 2
B3. HAS THE PARTICIPANT BEEN BREASTFEEDING IN THE PAST 6 MONTHS? (DID PARTICIPANT ANSWER 'YES' TO QUESTION F1 ON FORM 23?) YES... 1 (INELIGIBLE, GO TO B7) NO... 2
B4. IS THE FIRST DAY OF THE PARTICIPANT'S LAST PERIOD, (AS REPORTED IN QUESTION B14, FORM 23), WITHIN THE PAST 6 MONTHS? YES... 1 NO... 2 (INELIGIBLE, GO TO B7)

WIHS ID #

B5. WHAT WAS THE FIRST DAY OF THE PARTICIPANT’S LAST PERIOD, (AS REPORTED IN QUESTION B14, FORM 23)?

FIRST DAY OF LAST MENSTRUAL PERIOD: ___/___/___
M D Y

B6. ASK PARTICIPANT:

¿Se le ha extirpado **ALGUNA VEZ** uno o ambos ovarios?

YES..... 1 (INELIGIBLE, GO TO B7)

NO.....2 (ELIGIBLE, OFFER PARTICIPANT ENROLLEMENT IN SEX STEROID STUDY, B7)

B7. OUTCOME:

ELIGIBLE, OKAY TO CALL TO SCHEDULE APPOINTMENT..... 1 (C1)

ELIGIBLE, DECLINED TO PARTICIPANT2 (D1)

INELIGIBLE3 (END)

SECTION C: CONTACT INFO

C1. ASK PARTICIPANT:

¿Ha cambiado su número de teléfono después de su última visita?

YES..... 1 (CALL PROJECT DIRECTOR OR SITE COORDINATOR WITH NEW NUMBER, END)

NO.....2 (END)

SECTION D: PARTICIPANT DECLINES

D1. WHY DID THE PARTICIPANT DECLINE ENROLLMENT INTO THE SEX STEROID SUBSTUDY?

No time for extra visit..... 1

Doesn't want extra blood taken2

Incentive not sufficient3

Child care problem.....4

Transportation problem.....5

Other6

Specify:_____

DO NOT DATA ENTER SSSCR