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 $^{\prime}$ $-$ _D $^{\prime}$ $-$ _Y $-$
A5.	INTERVIEWER'S INITIALS:	
	SECTION B: PREGNANCY AND	MENSTRUAL STATUS
B1.	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)
B2.	WHAT WAS THE FIRST DAY OF THE PARTICIPANT'S LAST PERIOD, (AS REPORTED IN QUESTION B14, FORM 23)?	
	FIRST DAY OF LAST MENSTURAL PERIOD:	$ \frac{1}{M}$ $\frac{1}{D}$ $\frac{1}{V}$ $\frac{1}{V}$
В3.	IS PARTICIPANT CURRENTLY PREGNANT? QUESTION B7, FORM 23 ?)	
	YES	1 (INELIGIBLE, GO TO B7)
	NO	2
B4.	ASK PARTICIPANT: Have you taken any hormones, including hormones therapy, in the past 12 months? (PROMPT: SEE DISQUALIFYING MEDICATIONS.)	
	YES	1 (INELIGIBLE, GO TO B7)
	NO	2

WIHS I	D#		
B5.	HAS THE PARTICIPANT BEEN BREASTFEEDING IN THE PAST 6 MONTHS? (DID PARTICIPANT ANSWER 'YES' TO QUESTION F1 ON FORM 23?)		
	YES		
	NO2		
B6.	ASK PARTICIPANT: Have you EVER had one or more ovaries removed?		
	YES 1 (INELIGIBLE, GO TO B7)		
	NO		
B7.	OUTCOME:		
	ELIGIBLE, OKAY TO CALL TO SCHEDULE APPOINTMENT1 (C1)		
	ELIGIBLE, DECLINED TO PARTICIPANT		
	INELIGIBLE		
	SECTION C: CONTACT INFO		
C1.	ASK PARTICIPANT: Has your phone number changed since your last visit?		
	YES		
	NO		
	SECTION D: PARTICIPANT DECLINES		
D1.	WHY DID THE PARTICIPANT DECLINE ENROLLMENT INTO THE SEX STEROID SUBSTUDY?		
	No time for extra visit1		
	Doesn't want extra blood taken2		
	Incentive not sufficient		
	Child care problem4		
	Transportation problem5		
	Other6		
	Specify:		