WOMEN'S INTERAGENCY HIV STUDY
REFERRAL CHECKLIST
FOLLOW-UP 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: **1 0 / 0 1 / 1 6**

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

a. FORM & QUESTION NUMBER(S)		b. REASON FOR REFERRAL	c. REFER TO:
F21 - SOCIODEMOGRAPHICS			
	B3	LIVING ON STREETS/BEACH	SOCIAL SERVICE PROVIDER
	B21	NO INCOME AT ALL	SOCIAL SERVICE PROVIDER
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
	B6	CONFUSION, UNABLE TO PERFORM ROUTINE TASKS	MEDICAL PROVIDER
	B7	DRENCHING NIGHT SWEATS	MEDICAL PROVIDER

WIHS ID#

F23 - OBSTETRIC, GYNECOLOGIC AND CONTRACEPTIVE HISTORY			
	B19	BLEEDING BETWEEN PERIODS	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/B2c	PT CURRENTLY SMOKES	COUNSELOR
	B7a	PT DRINKS ALCOHOL AT LEAST 3-4 DAYS/WEEK	COUNSELOR
	C0	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
	C9	INJECTED SPEEDBALL	COUNSELOR
	C10	INJECTED, SNIFFED OR SMOKED 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 WITHOUT PRESCRIPTION	COUNSELOR

WIHS ID#

F24BEH - ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR			
	C16h	USED TRANQUILIZERS WITHOUT PRESCRIPTION	COUNSELOR
	C18	USED OTHER ILLICIT DRUGS	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
	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 - PSYCHOSOCIAL MEASURES			
	F1a	SEXUAL ABUSE BY CURRENT PARTNER	COUNSELOR
	F2	SEXUAL ABUSE HAS NOT STOPPED	COUNSELOR
	F4	FORCED TO HAVE SEX WITH SOMEONE HIV+	COUNSELOR
	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
F07 - PHYSICAL EXAM			
	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