

Person Completing Form: \_\_\_\_\_

Screening ID: \_\_\_\_\_


Date:     /     /      
M M D D Y Y Y Y

MACS ID: \_\_\_\_\_

## ELIGIBILITY FORM

NOTE: This form is NOT administered to participants, but should be filled out by sites after screening interview and medical record abstraction has taken place.

1. DATE OF SCREENING (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
2. LANGUAGE PREFERENCE:    \_\_\_ English    \_\_\_ Spanish
  
3. HIV / THERAPY STATUS:    \_\_\_ Seronegative  
                                  \_\_\_ Seropositive, no HAART  
                                  \_\_\_ Seropositive, HAART
  
4. DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
5. HISPANIC OR LATINO ORIGIN:    \_\_\_ No    \_\_\_ Yes
  
6. RACE:    \_\_\_ White                    \_\_\_ Alaskan native  
              \_\_\_ Black                    \_\_\_ Asian  
              \_\_\_ Native Hawaiian/Pacific Islander  
              \_\_\_ Native American (North, South, Central) Indian  
              \_\_\_ Other, specify: \_\_\_\_\_
  
7. REPORTED SEXUAL ACTIVITY:    \_\_\_ No    \_\_\_ Yes
  
8. REPORTED INJECTING DRUG USE:    \_\_\_ No    \_\_\_ Yes

9.	<b>ELIGIBILITY:</b>	<u>No</u>	<u>Yes</u>
	1. Age $\geq$ 18 years	___	___
	2. For seropositives:		
	1. Clinical AIDS diagnosis prior to or at HAART initiation	___	___
	ii Medical records:		
	(1) Do they exist?                      ___No    ___Yes		
	(2) If yes, were they reviewed?	___	___
	iii. If HAART user:		
	(1) Date of first HAART known	___	___
	(2) HIV RNA and CD4 cell count known within 4 months before HAART first prescribed	___	___
	c. Consent obtained:	___	___
			
		<b>INELIGIBLE</b>	

10.	<b>HOW DID PARTICIPANT FIND OUT ABOUT THIS STUDY?</b>	<u>No</u>	<u>Yes</u>
	1. Someone told them about it	___	___
	If yes, was that person a MACS participant	___	___
	2. Newspaper, posting, flier	___	___
	3. Contact from study site	___	___
	4. Health care provider	___	___
	5. Contact from non-MACS service	___	___
	6. Don't know, don't remember	___	___
	7. Other source, specify _____	___	___