

Screening ID: _____
MACS ID: _____
Person Completing Form: _____

SCREENING FORM

SECTION A: GENERAL INFORMATION

1. Date of screening (mm/dd/yyyy) _____/_____/_____

THE USE OF A SPANISH SCREENING FORM IS A LOCAL OPTION.

2. Would you prefer to be interviewed in English or Spanish? ___ English
 ___ Spanish

USE SPANISH FORM IF THE PERSON PREFERS SPANISH INTERVIEW

READ INTRODUCTION BELOW:

Before we continue, I must obtain permission to ask you these next few questions. Here is the consent form that explains the screening procedures. I will read it to you. Feel free to follow along and ask me any questions.

HAND PARTICIPANT SCREENING CONSENT FORM AND READ IT ALOUD

3. Are you willing to continue to participate in the screening process for this study?

NO

IF NO, ATTEMPT TO ASK Q4-7

YES ➔ Date of consent (mm/dd/yyyy): _____/_____/_____

IF YES, HAVE PARTICIPANT SIGN CONSENT FORM AND SKIP TO Q5

4. May I ask you a few questions about your age and race?

NO ➔ **STOP** YES

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5. What is your date of birth (mm/dd/yyyy)? ___ ___ / ___ ___ / ___ ___ ___

6. Are you of Hispanic (Spanish) or Latino origin? NO YES

7. What is your race? *Do you consider yourself* [READ EACH AND MARK ALL THAT APPLY]?

- White Alaskan native
- Black Asian
- Native Hawaiian/Pacific Islander
- Native American (North, South, Central) Indian
- Other, specify: _____

**IF PARTICIPANT REFUSED CONSENT (Q3 IS NO),
STOP HERE**

8.	How did you find out about this study?	No	Yes
	a. Someone told you about it	___	___
	If yes, was that person a current or former MACS participant	___	___
	b. Newspaper, posting, flier	___	___
	c. Contact from study site	___	___
	d. Health care provider	___	___
	e. Contact from non-MACS service	___	___
	f. Don't know, don't remember	___	___
	g. Other source, specify _____	___	___

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SECTION B: HIV STATUS AND MEDICAL CONDITIONS

Obtain consent for blood draw and HIV antibody testing on all participants

1.a. Have you ever been tested for HIV, the AIDS virus?

NO → **SKIP to Q2**

YES

b. Was it a positive test?

NO → **SKIP to Q2**

YES

c. In what year was your first positive test? _ _ _ _ _

2. Have you ever been told by a doctor or medical provider that you had any of the following medical conditions? **READ EACH ITEM**

Did a doctor (or medical provider) ever tell you that you had . . .	(a) If “NO”, Go To Next Row	(b) In what year was it <u>first</u> diagnosed?
A. Kaposi’s sarcoma or KS?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_ _ _ _ _
B. Pneumocystis carinii Pneumonia or PCP?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_ _ _ _ _
C. Wasting Syndrome or severe weight loss?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_ _ _ _ _
D. Candida or thrush, a yeast infection of the esophagus (the tube between your mouth and stomach), not just your mouth?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_ _ _ _ _

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Did a doctor (or medical provider) ever tell you that you had . . .	(a) If “NO”, Go To Next Row	(b) In what year was it <u>first</u> diagnosed?
E. PML or progressive multifocal leukoencephalopathy, a disease of the brain?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
F. Dementia or encephalopathy, or a memory problem or confusion caused by HIV?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
G. Cocci, coccidioidomycosis infection or Valley Fever?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
H. Toxo infection or toxoplasmosis of the brain?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
I. Meningitis related to HIV or cryptococcal meningitis?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
J. Cryptococcal infection without meningitis?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
K. CMV or cytomegalovirus infection in your eyes, lungs, colon, or other location?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
L. MAI, MAC or mycobacterial infection?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
M. Herpes simplex infection of the lungs or esophagus (the tube between your mouth and stomach)?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
N. Histoplasmosis infection or histo?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
O. Infection in the blood with a bacteria called salmonella?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
P. Lymphoma?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____
Q. Cryptosporidiosis?	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____

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The next few questions are about active tuberculosis or TB. To see if a person has tuberculosis a doctor or nurse will give a skin test - sometimes called a PPD test. If the skin test shows the person has been exposed or infected with tuberculosis, more tests are done to see if they are sick from the tuberculosis. A person might get an X-ray or be asked to cough into a machine. If they are sick then we say they have "tuberculosis disease." Sometimes this is called "active" or "infectious tuberculosis." Usually, if a person has tuberculosis disease, people who lived or worked with the person will be tested for tuberculosis too.

3. a. Did you ever have active TB? NO → **Skip to Q4**
 YES
- b. Was the TB in your lungs? NO YES
- c. Was the TB in any other part of your body (other than your lungs)? NO YES
4. In addition to these diagnoses, has a doctor or medical provider ever told you that you had AIDS?
 NO
 YES

<p>IF PARTICIPANT REPORTED ANY OF THE ABOVE CONDITIONS, OBTAIN MEDICAL RECORD RELEASE. If "NO" to all conditions, Skip to Section C.</p>

5. Did you take any medication to treat HIV, the AIDS virus, before you got sick with any of these diseases?
- NO → **STOP, Thank participant**
- YES → **Skip to Section C, Q2a**
- DON'T KNOW

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SECTION C: ANTIRETROVIRAL MEDICATION HISTORY

*Now I'm going to ask about any antiretroviral medications you may have taken.
For this study, we need to know what you took and when you took it.*

**HAND PARTICIPANT ANTIVIRAL PHOTO MEDICATION CARDS
AS A REFERENCE.**

1. Have you ever taken any HIV-related medications?

NO → **Skip to Section D**

YES

**GO THROUGH THE MEDICATION PHOTO CARDS WITH THE PARTICIPANT,
SAYING THE NAME OF EACH DRUG ALOUD
AND ASKING HIM WHETHER HE HAS EVER TAKEN THIS DRUG.**

2.a. Have you ever taken any of the following protease inhibitors, or PIs?

Protease Inhibitors

- Agenerase (amprenavir, 141W94)
- Crixivan (indinavir)
- Kaletra (lopinavir/ritonavir, ABT-378/r)
- Viracept (nelfinavir)
- Norvir (ritonavir)
- Invirase or Fortovase (saquinavir)
- Reported taking a protease inhibitor, but can't remember the name of the medication
- Other, specify _____

IF NONE OF THE BOXES ARE CHECKED, SKIP TO Q3.a

b. Of the ones you have taken, which one(s) did you take first? _____

c. When did you first take it (month / year)? ____ / ____

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- 3.a. Have you ever taken any of the following non-nucleoside reverse transcriptase inhibitors, or NNRTIs?

Non-Nucleoside RTIs

- Rescriptor (delavirdine, U-90)
- Sustiva (efavirenz, DMP266)
- Viamune (nevirapine)
- Emivirine (coactinon)
- Reported taking an NNRTI but can't remember the name of the medication
- Other, specify _____

IF NONE OF THE BOXES ARE CHECKED, SKIP TO Q4.a

- b. Of the ones you have taken, which one(s) did you take first? _____

- c. When did you first take it (month / year)? ____ / _____

- 4.a. Have you ever taken any of the following nucleoside reverse transcriptase inhibitors, or NRTIs?

Nucleoside/Nucleotide RTIs

- Ziagen (abacavir, 1592U89)
- Trizivir (abacavir + AZT + 3TC)

IF NONE OF THE BOXES ARE CHECKED, SKIP TO Section D

- b. Of the ones you have taken, which did you take first? _____

- c. When did you first take it (month / year)? ____ / _____

IF PARTICIPANT REPORTED ANY OF THE ABOVE MEDICATIONS, OBTAIN MEDICAL RELEASE

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SECTION D: BEHAVIORAL INFORMATION

I would like to ask you a few questions about your sexual activity and recreational drug use. By sexual activity we include oral sex, anal/rectal sex, as well as genital sex with or without ejaculation with females or males. We realize that this is a very personal subject. Your answers will be completely confidential.

1. Have you ever engaged in any sort of sexual activities involving another person?

NO → **Skip to Q3**

YES

2.a. Have you ever put your penis in another person's mouth? NO YES

b. Have you ever put your penis in another person's vagina? NO YES

c. Have you ever put your penis in another person's rectum (anus/butt)? NO YES

3. Have you ever injected (skin popped or shot up with a needle) recreational drugs?

NO

YES