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

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

Screening ID: ________________

MACS ID: ___ ___ ___ ___ ___

Person Completing Form: __________________

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? **READ EACH ITEM**

	No	Yes
a. Someone told you about it	___	___
If yes, was that person a MACS participant?	___	___
b. Newspaper, posting, flier	___	___
c. Local study / contact from study site	___	___
d. Health care provider	___	___
e. Contact from non-MACS service (e.g., counseling agency, Public Health Department)	___	___
f. Don’t know, don’t remember	___	___
g. Other source, specify ____________________________	___	___

Screening ID: __________________
MACS ID: ___ ___ ___ ___ ___
Person Completing Form: ___________________

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 month and year was your first positive test?

__ __ / __ __ __ __ ➜ **NEED CONSENT FOR RECORDS AND COMPLETE SEROCONVERSION REPORTING FORM**
M M Y Y Y Y

d. May we request records regarding this test (including any additional tests such as: Blood cell counts, CD4, and HIV viral load), any history of HIV drug use, and the diagnosis of any HIV illness?

☐ NO (*ineligible for MACS*) ➜ **STOP HERE**

☐ YES (*get releases*)

e. Where was this test performed?
(Fill out medical provider information for retrieval of medical records)

Name of hospital/clinic or doctor		
Address		
City	State	Phone

f. Have you ever had a negative test for HIV antibodies?

☐ NO ➜ **Go to Q2**

☐ YES ➜ **Proceed to next question**

g. In what month and year was your most recent negative HIV antibody test?

__ __ / __ __ __ __
M M Y Y Y Y

h. May we request records regarding this test?

☐ There are no medical records of the negative test

☐ NO (Records exist, but participant refuses to sign release ➜ **STOP HERE**

☐ YES (*get release for last negative HIV antibody test prior to seroconversion*)

i. Where was this test performed?

Name of hospital/clinic or doctor		
Address		
City	State	Phone

Screening ID: ___________________
MACS ID: ___ ___ ___ ___ ___
Person Completing Form: ____________________

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 first diagnosed?
A. Kaposi's sarcoma or KS?	☐ NO ☐ YES	__ __ __ __
B. Pneumocystis carinii Pneumonia or PCP?	☐ NO ☐ YES	__ __ __ __
C. Wasting Syndrome or severe weight loss?	☐ NO ☐ YES	__ __ __ __
D. Candida or thrush, a yeast infection of the esophagus (the tube between your mouth and stomach), not just your mouth?	☐ NO ☐ YES	__ __ __ __
E. PML or progressive multifocal leukoencephalopathy, a disease of the brain?	☐ NO ☐ YES	__ __ __ __
F. Dementia or encephalopathy, or a memory problem or confusion caused by HIV?	☐ NO ☐ YES	__ __ __ __
G. Cocci, coccidioidomycosis infection or Valley Fever?	☐ NO ☐ YES	__ __ __ __
H. Toxo infection or toxoplasmosis of the brain?	☐ NO ☐ YES	__ __ __ __
I. Meningitis related to HIV or cryptococcal meningitis?	☐ NO ☐ YES	__ __ __ __
J. Cryptococcal infection without meningitis?	☐ NO ☐ YES	__ __ __ __
K. CMV or cytomegalovirus infection in your eyes, lungs, colon, or other location?	☐ NO ☐ YES	__ __ __ __
L. MAI, MAC or mycobacterial infection?	☐ NO ☐ YES	__ __ __ __
M. Herpes simplex infection of the lungs or esophagus (the tube between your mouth and stomach)?	☐ NO ☐ YES	__ __ __ __

Screening ID: ___________________
MACS ID: ___ ___ ___ ___ ___
Person Completing Form: ____________________

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 first diagnosed?
N. Histoplasmosis infection or histo?	☐ NO ☐ YES	__ __ __ __
O. Infection in the blood with a bacteria called salmonella?	☐ NO ☐ YES	__ __ __ __
P. Lymphoma?	☐ NO ☐ YES	__ __ __ __
Q. Cryptosporidiosis?	☐ NO ☐ YES	__ __ __ __

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

If "NO" to all conditions, Skip to Section C.

IF PARTICIPANT REPORTED ANY OF THE ABOVE CONDITIONS, ASK HIM ABOUT TAKING HIV MEDICATIONS.

5. Did you take any medication to treat HIV, the AIDS virus, before you got sick with any of these diseases?

   ☐ NO or NEVER took medications ➜ **STOP, Thank participant**

   ☐ YES → **Obtain medical release and proceed to Section C**

   ☐ DON'T KNOW → **Obtain medical release and proceed to Section C**

Name of hospital/clinic or doctor		
Address		
City	State	Phone

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
   ☐ Uncertain

GO THROUGH THE PHOTO MEDICATION 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)
- ☐ Aptivus (tipranavir) [238]
- ☐ Crixivan (indinavir) [212]
- ☐ Kaletra (lopinavir/ritonavir, ABT-378/r) [217]
- ☐ Invirase or Fortovase (saquinavir) [210]
- ☐ Lexiva (fosamprenavir) [249]
- ☐ Norvir (ritonavir) [211]
- ☐ Prezista (TMC-114, darunavir)
- ☐ Reyataz (atazanavir) [243]
- ☐ Viracept (nelfinavir) [216]
- ☐ 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 Q2.a

b. Of the ones you have taken, which one(s) did you take <u>first</u>?

____

____

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

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

Non-Nucleoside RTIs

- ☐ Intelence (etravirine, TMC-125)
- ☐ Rescriptor (delavirdine, U-90) [194]
- ☐ Sustiva (efavirenz, DMP266) [220]
- ☐ Viramune (nevirapine) [191]
- ☐ Reported taking an NNRTI 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)? __ __/__ __ __ __

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

Nucleoside/Nucleotide RTIs

- ☐ Emtriva (emtricitabine) [239]
- ☐ Epivir (3-TC, lamivudine) [204]
- ☐ Hivid (ddC, dideoxycytidine, Zalcitabine)
- ☐ Retrovir (AZT, zidovudine, ZDV) [092]
- ☐ Videx/Videx EC (ddI, dideoxylinosine, Didanosine) [147]
- ☐ Viread (Tenofovir, disoproxil fumarate) [234]
- ☐ Zerit (d4T, stavudine) [159]
- ☐ Ziagen (abacavir, 1592U89) [218]

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

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

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

5. a. Have you ever taken any of the following combination medications?

Combination Medications

- ☐ Atripla (Sustiva + Viread + Emtriva) [262]
- ☐ Combivir (AZT + 3TC) [227]
- ☐ Epzicom (Ziagen + Epivir) [254]
- ☐ Trizivir (Abacavir + AZT + 3TC) [240]
- ☐ Truvada (Viread + Emtriva) [253]

IF NONE OF THE BOXES ARE CHECKED, SKIP TO Q5.a

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

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

6. a. Have you ever taken any of the following “other” medications?

“Other” Medications

- ☐ Fuzeon (enfuvirtide, T-20, pentafuside) [233]
- ☐ Selzentry (maraviroc, UK-427, 847)
- ☐ Isentress (Raltegravir)
- ☐ Droxia or Hydrea (Hydroxyurea)

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)? __ __ / __ __ __ __

Screening ID: _________________
MACS ID: ___ ___ ___ ___ ___
Person Completing Form: __________________

IF PARTICIPANT REPORTED ANY OF THE ABOVE MEDICATIONS AND DATE OF SEROCONVERSION IS UNKNOWN, STOP-THANK PARTICIPANT. OTHERWISE, OBTAIN MEDICAL RELEASE

Name of hospital/clinic or doctor		
Address		
City	State	Phone

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. a. Have you ever injected (skin popped or shot up with a needle) recreational drugs? ☐ NO ☐ YES

   b. IF YES:

   - IF INFECTED, did you inject in the year before you became infected with HIV? ☐ NO ☐ YES

   - IF NOT INFECTED, have you injected recreational drugs in the past year? ☐ NO ☐ YES