

WOMEN'S INTERAGENCY HIV STUDY

ELIGIBILITY FORM (EL)

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.

SECTION A: GENERAL INFORMATION

A1. SCREENING ID: _____

A2. FORM VERSION: $\frac{1}{M} \frac{0}{D} / \frac{0}{D} \frac{1}{Y} / \frac{0}{Y} \frac{1}{Y}$

A3. DATE OF SCREENING: $\frac{\quad}{M} \frac{\quad}{D} / \frac{\quad}{D} \frac{\quad}{Y}$

A4. INITIAL'S OF PERSON COMPLETING FORM: _____

A5. HIV / THERAPY STATUS:

- Seronegative 1
- Seropositive, HAART naïve 2
- Seropositive, HAART 3

SERONEGATIVES must have blood drawn for an HIV test at either the screening or the enrollment visit (or at the combined screening/enrollment visit).

SEROPOSITIVES for which there is NOT hardcopy documentation of a positive HIV test result must have blood drawn for an HIV test. Seropositives that have documentation of a positive HIV test do not need to be retested.

A6. DATE OF BIRTH: $\frac{\quad}{M} \frac{\quad}{D} / \frac{\quad}{D} \frac{\quad}{Y}$

A7. RACE:

- White, non-Hispanic 1
- White, Hispanic 2
- Black, Non-Hispanic 3
- Black, Hispanic 4
- American Indian / Alaskan Native 5
- Asian 6
- Native Hawaiian / Other Pacific Islander 7
- Other 8

(SPECIFY)

SCREENING ID #

SECTION B: ELIGIBILITY

B1. ELIGIBILITY:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a. Age < 13 years	1	2	
b. Self-reported clinical AIDS diagnosis.....	1	2 (c)	
i. Was self-reported AIDS diagnosis refuted through MRA.....	1	2	
c. Clinical AIDS (other than CD4 < 200) found through MRA	1	2	
d. If HIV+, was HIV acquired through perinatal transmission	1	2	3
e. If HAART user:			
i. Date of first HAART use/prescription verified in MRA	1	2	3
ii. HIV RNA and CD4 cell count known within 6 months before first HAART	1	2	3
f. General consent obtained	1	2	
g. Consent obtained to store specimens in repository	1	2	

IF ANY OF THE SHADED REGIONS ARE CIRCLED, PARTICIPANT IS INELIGIBLE TO BE ENROLLED INTO THE WIHS

B2. HOW DID PARTICIPANT FIND OUT ABOUT THIS STUDY (CIRCLE ONLY ONE):

- Word of mouth 1
- Newspaper, posting, flier..... 2
- Study site contact: Health care provider, PI, WIHS staff, CAB.... 3
- Contact from non-WIHS service 4
- Don't know, don't remember 5
- Other source..... 6

(SPECIFY)

B3. REPORTED ANY OF THE FOLLOWING IN THE PAST YEAR:

	<u>YES</u>	<u>NO</u>
a. Injection drug use or use of crack, cocaine or heroin.....	1	2
b. Told by health care provider that had an STD.....	1	2
c. Had sex with a known HIV+ man	1	2
d. Had unprotected sex with 3 or more men	1	2
e. Had sex for drugs, money or shelter.....	1	2
f. Had sex with 6 or more men.....	1	2

SCREENING ID #

B4. DISPOSITION:

- Eligible and enrolled..... 1
- Eligible, not enrolled..... 2 **(END)**
- Declined to participate 3 **(B6)**
- Ineligible 4 **(END)**

B5. WIHSID: |_| - |_2_|_| - |_|_|_|_|_| - |_| **(END)**

B6. IF DECLINED TO PARTICIPATE, WHY?

	<u>YES</u>	<u>NO</u>
a. No reason given.....	1	2
b. Not located.....	1	2
c. Not interested.....	1	2
d. Did not give required consent.....	1	2
e. Too busy / Can't make study visits due to schedule.....	1	2
f. Feel too ill to participate.....	1	2
g. Confidentiality concerns.....	1	2
h. Social harm concerns.....	1	2
i. Other reason.....	1	2

(SPECIFY)