

WOMEN'S INTERAGENCY HIV STUDY

SCREENING FORM

**STEP 1: A1-A5
GENERAL INFORMATION**

A1. PARTICIPANT ID (AFFIX LABEL HERE):

(RECORD PARTICIPANT ID):

|_| - |_|_| - |_|_|_|_| - |_|

A2. FORM VERSION:

0 8 / 1 5 / 9 4
M D Y

A3. DATE OF SCREENING:

___ / ___ / ___
M D Y

A4. INTERVIEWER'S INITIALS:

___ ___

A5. TIME MODULE BEGAN:

|_|:|_| AM..... 1
PM..... 2

**STEP 2: A6-A7
ESTABLISH LANGUAGE PREFERENCE**

A6. Do you speak Spanish?

YES..... 1
NO..... 2 (STEP 3)

A7. Would you prefer to be interviewed in English or Spanish?

ENGLISH..... 1
SPANISH..... 2

**STEP 3: READ SCREENING INTRODUCTION IN PREFERRED LANGUAGE ON RESPONSE
CARD 1**

USE SPANISH FORM IF THE WOMAN PREFERS SPANISH INTERVIEW

WHIS ID #

**STEP 4: A8-A9
DOCUMENT TYPE OF CONSENT**

A8. IS A SEPARATE CONSENT FORM REQUIRED TO PROCEED WITH SCREENING PROCEDURES ONLY?

YES..... 1 (STEP 4a)
NO..... 2 (A9)

STEP 4a: READ INTRODUCTION BELOW
Before we continue, I must obtain permission to ask you these next few questions. Here is the consent form which 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.
SKIP TO STEP 4c

A9. MUST THE CONSENT FORM FOR BOTH SCREENING AND ENROLLMENT BE SIGNED BEFORE PROCEEDING WITH SCREENING PROCEDURES?

YES..... 1 (STEP 4b)
NO..... 2 (STEP 5)

STEP 4b: READ INTRODUCTION BELOW
Before we continue, I must obtain your permission to participate in the study. Here is the consent form which explains all of the study procedures. I will read it to you; feel free to follow along and ask me any questions.
HAND PARTICIPANT FULL STUDY CONSENT FORM AND READ IT ALOUD.
SKIP TO STEP 4c

**STEP 4c: A10
DETERMINE IF PARTICIPANT WILL SIGN CONSENT FORM**

A10. Are you willing to continue?

YES 1
NO 2 (SKIP TO STEP 9, page 7;
CODE AS DECLINED
PARTICIPATION)

a. DATE OF CONSENT ___ / ___ / ___
M D Y

Now, that you have completed the consent form, I can begin to ask you some questions for this study.

WHIS ID #

**STEP 5: B1-B8
COLLECT DEMOGRAPHIC AND RISK INFORMATION**

B1. How did you find out about this study?
(CIRCLE "1" FOR EACH SOURCE MENTIONED; CIRCLE "2" FOR EACH SOURCE NOT MENTIONED.)

	MENTIONED	
	YES	NO
a. DON'T KNOW, DON'T REMEMBER.....	1 (B2)	2
b. WORD OF MOUTH.....	1	2
c. NEWSPAPER, POSTING, FLIER.....	1	2
d. CONTACT FROM STUDY SITE: HEALTH CARE PROVIDER, PI, WIHS STAFF, CAB.....	1	2
e. CONTACT FROM NON-WIHS SERVICE.....	1	2
f. OTHER SOURCE.....	1	2

(SPECIFY)

B2. **HAND PARTICIPANT RESPONSE CARD 2**

Are you currently participating in any of the following studies?
READ STUDIES LISTED ON CARD AND CODE APPROPRIATELY BELOW.

	YES	NO
a. WITS (Women and Infants Transmission Study).....	1 (STEP 5a)	2
b. HERS (HIV Epidemiology Research Study).....	1 (STEP 5a)	2
c. WIHS at another hospital or clinic.....	1 (STEP 5a)	2
d. SITE SPECIFIC.....	1 (STEP 5a)	2

READ OTHER STUDIES ON RESPONSE CARD 2

(SPECIFY)

B3. How old are you? (RECORD AGE AT LAST BIRTHDAY.) |__|__| **(IF <13, STEP 5a)**
(IF ≥13, B4)

STEP 5a: SKIP TO STEP 9 page 7; CODE AS INELIGIBLE

WHIS ID #

B4. What is your date of birth? I need the month, day and the year.

___ M ___ / ___ D ___ / ___ Y ___

B5. Are you of Hispanic (Spanish) or Latina origin?

YES..... 1
NO..... 2

B6. **HAND PARTICIPANT RESPONSE CARD 3.**

Do you consider yourself Black/African American, White, Asian/Pacific Islander, Native American/Alaskan Native, or another race?

BLACK/AFRICAN AMERICAN 1
WHITE 2
ASIAN/PACIFIC ISLANDER 3
NATIVE AMERICAN/ALASKAN NATIVE .. 4
OTHER 5

(SPECIFY)

DON'T KNOW <-8>

B7. What is the highest grade or year of school you have completed?

NO SCHOOLING..... 1
GRADES 1 - 6 2
GRADES 7 - 11 3
COMPLETED HIGH SCHOOL/ DIPLOMA OR GED. 4
SOME COLLEGE/ ASSOCIATE'S DEGREE..... 5
COMPLETED 4 YEARS OF COLLEGE (BA/BS)..... 6
ATTENDED/COMPLETED GRADUATE SCHOOL .. 7

a. Do you have any vocational education training (trade school, or classes where you learned a special skill to help you find a job)?

YES..... 1
NO..... 2 **(B8)**

b. How many years (of vocational training)?
YEARS

B8. What is the highest grade or year of school your mother has completed?

- NO SCHOOLING..... 1
- GRADES 1 - 6 2
- GRADES 7 - 11 3
- COMPLETED HIGH SCHOOL/ DIPLOMA OR GED. 4
- SOME COLLEGE/ ASSOCIATE'S DEGREE..... 5
- COMPLETED 4 YEARS OF COLLEGE (BA/BS)..... 6
- ATTENDED/COMPLETED GRADUATE SCHOOL .. 7
- DON'T KNOW <-8>

a. Does she have any vocational education training (trade school, or classes where she learned a special skill to help her find a job)?

- YES..... 1
- NO..... 2 (B9)
- DON'T KNOW<-8> (B9)

b. How many years (of vocational training)?
YEARS

B9. Now I'm going to ask you some personal questions that may be related to things that you have already talked about with others here, but I need to ask about them again. Your answers will be kept confidential and your name will not be reported to anyone. An identification number has been assigned to you, so that your name does not appear on any of the study forms. Have you ever injected (skin popped or shot up with a needle) drugs?

- YES..... 1
- NO..... 2 (B10)

a. When was the last time you injected drugs? I need the year. (PROBE: If you cannot remember exactly, please estimate as best you can.)

19
YEAR

B10. **HAND PARTICIPANT RESPONSE CARD 4.**

How many different people have you had sex with, even once, since 1980? Is it ...

- 0 or no partners 1
- 1 to 4 partners 2
- 5 to 10 partners 3
- 11 to 100 partners 4
- More than 100 partners..... 5

WHIS ID #

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**STEP 8: OBTAIN CONSENT FOR ENROLLMENT
(IF NOT DONE AT STEP 4 page 2)**

C4. HAS THE WOMAN COMPLETED A CONSENT FORM FOR ENROLLMENT INTO THE FULL STUDY?

- YES (A9 = YES) 1 **(STEP 9)**
 NO..... 2 **(STEP 8a)**

STEP 8a: READ INTRODUCTION BELOW
 Before we continue, I must obtain your permission to participate in the study. Here is the consent form which explains all of the study procedures. I will read it to you; feel free to follow along and ask me any questions.
HAND PARTICIPANT FULL STUDY CONSENT FORM AND READ IT ALOUD.

**STEP 8b: C5
DETERMINE IF PARTICIPANT WILL SIGN CONSENT FORM**

C5. Are you willing to continue?

- YES 1
 NO 2 **(SKIP TO STEP 9
CODE AS DECLINED
PARTICIPATION)**

a. DATE OF CONSENT ___ ___ / ___ ___ / ___ ___
 M D Y

**STEP 9: SECTION D
SCREENING DISPOSITION**

D1. SCREENING DISPOSITION:
CIRCLE THE APPROPRIATE NUMBER AND FOLLOW INSTRUCTIONS ASSOCIATED WITH EACH DISPOSITION:

- ELIGIBLE AND ENROLLED 1 **(STEP 10)**
 INELIGIBLE 2 **(STEP 11)**
 ELIGIBLE, NOT SELECTED FOR ENROLLMENT 3 **(STEP 11)**
 DECLINED PARTICIPATION..... 4 **(STEP 12)**

WHIS ID #

STEP 10: READ TO ENROLLED WOMEN:

Thank you for answering these questions and agreeing to be a part of the Women's Interagency HIV Study. Your cooperation will help us learn more about women's health.

ASSIGN THE NEXT AVAILABLE WIHS ID NUMBER, COMPLETE LOCATOR FORM. SKIP TO D2.

STEP 11: READ TO INELIGIBLE AND ELIGIBLE WOMEN NOT SELECTED:

Thank you for your interest in the Women's Interagency HIV Study and for answering these questions. Unfortunately, we cannot invite you to join the study at this time. We would like to keep your name on file since it is possible that we may be able to invite you to join this or another study at a later time.

DISCONTINUE SCREENING PROCEDURES. SKIP TO D2.

STEP 12: READ TO ELIGIBLE WOMEN WHO DECLINED PARTICIPATION:

Thank you for answering these questions. If you change your mind and would like to enroll in the Women's Interagency HIV Study later, please call me/us and we will be happy to talk with you again.

DISCONTINUE SCREENING PROCEDURES. SKIP TO D2.

D2. TIME MODULE ENDED:

|_| : |_|_|

AM.....1

PM2