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- a. INTERVIEW WAS CONDUCTED IN:
- WIHS CLINIC ..... 1
  - OTHER CLINIC ..... 2
- SPECIFY:** \_\_\_\_\_
- PARTICIPANT’S HOME..... 3
  - FAMILY/PARTNER’S HOME ..... 4
  - CORRECTIONAL FACILITY ..... 5
  - DRUG TREATMENT CENTER..... 6
  - HOSPICE ..... 7
  - HOSPITAL..... 8
  - OTHER..... 9

**SPECIFY:** \_\_\_\_\_

A11. WAS F29/PHLEBOTOMY FORM COMPLETED FOR THIS ABBREVIATED VISIT:

- YES..... 1 **(A12)**
- NO ..... 2

a. WHY NOT?

- PARTICIPANT WAS TOO SICK..... 1
- PARTICIPANT REFUSED ..... 2
- SUPPLIES/EXPERTISE NOT AVAILABLE..... 3
- PHONE INTERVIEW ONLY COMPLETED ..... 5
- PARTICIPANT TOO BUSY..... 6
- OTHER ..... 4

A12. WAS F31/SPECIMEN FORM COMPLETED FOR THIS ABBREVIATED VISIT:

- YES..... 1 **(SECTION B)**
- NO ..... 2

a. WHY NOT?

- PARTICIPANT WAS TOO SICK..... 1
- PARTICIPANT REFUSED ..... 2
- SUPPLIES/EXPERTISE NOT AVAILABLE..... 3
- PHONE INTERVIEW ONLY COMPLETED ..... 5
- PARTICIPANT TOO BUSY..... 6
- OTHER ..... 4

**SECTION B**

**INTRODUCTION:** Thank you for continuing to participate in this study. Although at this time you are unable to complete the entire study visit, your answers to the next questions in this shortened version of the interview are very important and as always will be kept strictly confidential. Since there are many different women in this study, some of the questions may not apply to your circumstances. Please answer the questions as best you can and if you wish to take a break or stop just let me know. I will go through this questionnaire as quickly as possible. Again, thank you for your time and energy.

B1. Are you currently pregnant?

YES..... 1  
 NO ..... 2 (B3)

B2. Excluding this pregnancy, since your (MONTH) study visit, how many times have you been pregnant?

|\_|\_| / |\_|

**PROMPT: IF B2 = 00, SKIP TO SECTION C. IF B2 > 00, SKIP TO B4.**

B3. Since your (MONTH) study visit, how many times have you been pregnant?

|\_|\_| / |\_|

**PROMPT: IF B3 = 00, SKIP TO SECTION C.**

**B4. INSTRUCTIONS:**

**START ABRVS3**

- **READ:** Now I am going to ask you about all of your pregnancies, since your (MONTH) study visit (excluding your current pregnancy). Let's begin with the first pregnancy.
- **HAND PARTICIPANT RESPONSE CARD 8**
- **COMPLETE FOR ALL PREGNANCIES REPORTED AT EITHER B2 OR B3, THEN SKIP TO SECTION C .**
- **COLLECT MONTH AND YEAR FOR EACH PREGNANCY**

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?   _ _ _  # BABIES	c. Were you trying to get pregnant at the time?		d. When did this occur/happen? I need the month and year.   _ _ _ _  /  _ _ _ _  M Y
			YES	NO	
B5. 1st	Live birth.....1 Stillbirth .....2      Ectopic Preg.....5 (c) Abortion (Induced/ Elective/Therapeutic).....3 (c)      Other .....6 (c) Miscarriage (Spontaneous Abortion).....4 (c)      DON'T KNOW..... <-8> (c) SPECIFY: _____	_ _ _  # BABIES	1	2	_ _ _ _  /  _ _ _ _  M Y
B6.2nd	LIVE BIRTH .....1      ECTOPIC PREG .....5 (c) STILLBIRTH .....2      OTHER.....6 (c) ABORTION .....3 (c)      SPECIFY: _____ MISCARRIAGE .....4 (c)      DON'T KNOW..... <-8> (c)	_ _ _  # BABIES	1	2	_ _ _ _  /  _ _ _ _  M Y
B7.3rd	LIVE BIRTH .....1      ECTOPIC PREG .....5 (c) STILLBIRTH .....2      OTHER.....6 (c) ABORTION .....3 (c)      SPECIFY: _____ MISCARRIAGE .....4 (c)      DON'T KNOW..... <-8> (c)	_ _ _  # BABIES	1	2	_ _ _ _  /  _ _ _ _  M Y

**END ABRVS3**

**SECTION C**

**PROMPT:** Administer the entire *F22HX (Follow-Up Health History)* and *F22MED (Medication History)* to the participant. Complete an *Ascertainment Tracking Checklist (ATC)* for all reports of cancer, TB, and biopsies. An *Antiretroviral Dosage Form (DSG)* should be completed if the participant reports use of any antiretroviral medications on *F22MED*. In addition, a *Drug Form 1* should be completed for each antiretroviral medication the participant reports she is currently taking. No *Drug Form 2s* or *Drug Form 3s* need be completed for the Abbreviated Visit.

If the abbreviated visit interview is conducted by telephone and the participant will not be seen for exams/specimen collection, then a *Medical Record Release* form should be mailed to the participant along with a self-addressed stamped envelope. Abstraction cannot be performed without the participant's signed consent.

**PROMPT:** If the visit is conducted in person and the participant is willing and able, have the phlebotomist/clinician collect a urine specimen, draw blood and perform the physical and gynecological examinations.

If the visit is conducted via telephone, ask if the participant would be willing to come in to the clinic or be visited at her home to have specimens collected and/or exams performed.

**PROMPT:** After administration of *F22HX (Follow-Up Health History)*, *F22MED (Medication History)*, *Antiretroviral Dosage Form (DSG)* and *Drug Form 1* (if applicable) is complete, schedule the participant's next core visit, if it is feasible.