

SPANISH VERSION

**WOMEN'S INTERAGENCY HIV STUDY
ABBREVIATED VISIT QUESTIONNAIRE
FORM ABRV**

SECTION A: GENERAL INFORMATION

A1. WIHS ID NUMBER: |__| - |__|__| - |__|__|__|__| - |__|

A2. WIHS STUDY VISIT #: ____ ____

A3. FORM VERSION: **04/01/14**

A4. DATE OF INTERVIEW: ____ / ____ / ____
M D Y

A5. INTERVIEWER'S INITIALS: ____ ____ ____

A6. DATE OF LAST STUDY VISIT:
(FROM VISIT CONTROL SHEET) ____ / ____ / ____
M D Y

A9. PARTICIPANT STATUS (REASON FOR ABBREVIATED VISIT):

- PARTICIPANT IS INCARCERATED OR UNDER HOME DETENTION WITH RESTRICTIONS (TIME, ILLNESS OR REGULATIONS).....1 **(A10)**
- PARTICIPANT IS TOO ILL2 **(A9b)**
- PARTICIPANT HAS MOVED OUT OF AREA3
- REPEATED SCHEDULING ATTEMPTS MADE; APPOINTMENTS NOT KEPT4

- a. WAS PARTICIPANT'S LAST VISIT AN ABBREVIATED VISIT?
YES..... 1 **(PROMPT)**
NO 2 **(A10)**

PROMPT: IF THE PARTICIPANT'S LAST VISIT WAS AN ABBREVIATED VISIT, END THE FORM AND COMPLETE A MISSED VISIT FORM FOR THE PARTICIPANT. DO NOT DATA ENTER THE ABRV FORM, ONLY THE MVIS FORM.

b. SPECIFY ILLNESS: _____

--

A10. INTERVIEW TOOK PLACE:

- BY TELEPHONE 1 **(A11)**
- IN PERSON..... 2

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: Gracias por volver a participar en nuestro estudio. Aunque en este momento no pueda completar la visita, sus respuestas a las siguientes preguntas son muy importantes y, como siempre, se mantendrán bajo estricta confidencialidad. Dado que cada mujer esta en una situación distinta, es probable que algunas preguntas no le aplique a sus circunstancias. Por favor, conteste las preguntas lo mejor que pueda, y si desea tomar unos minutos para descansar, o detener la entrevista, puede hacerlo. Tratare de hacer la entrevista lo mas rápido posible. Nuevamente, gracias por su tiempo y esfuerzo.

B1. ¿Está Ud. embarazada actualmente?

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

B2. Sin contar este embarazo, ¿cuántas veces ha estado embarazada desde su visita al estudio en (MES)?

|__|__|

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

B3. Desde su visita al estudio en (MES), ¿cuántas veces ha estado embarazada?

|__|__|

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

B4. INSTRUCTIONS:

START ABRVS3

- **READ:** Ahora voy a preguntarle acerca de todos sus embarazos, desde su visita al estudio en (MES) (aparte de su embarazo actual). Comencemos con el primer embarazo.
- **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. ¿Cuál fue el resultado del embarazo (#)?	b. ¿Cuántos bebés nacieron?	c. ¿Estaba tratando de quedar embarazada en ese momento?		d. ¿Cuándo fue/ocurrió eso? Sólo necesito el año y el mes.
			YES	NO	
B5. 1st	Naci.: vivo.....1 Naci.: muerto2 Aborto (Inducido/ Electivo/Terapéutico)3 (c) Aborto Espontáneo/natural ..4 (c)	Emb. Ectópico..... 5 (c) Otro 6 (c) SPECIFY: _____ DON'T KNOW <-8> (c)	1	2	__ __ / __ __ M Y
B6.2nd	Naci.: vivo.....1 Naci.: muerto2 Aborto (Inducido/ Electivo/Terapéutico)3 (c) Aborto Espontáneo/natural ..4 (c)	Emb. Ectópico..... 5 (c) Otro 6 (c) SPECIFY: _____ DON'T KNOW <-8> (c)	1	2	__ __ / __ __ M Y
B7.3rd	Naci.: vivo.....1 Naci.: muerto2 Aborto (Inducido/ Electivo/Terapéutico)3 (c) Aborto Espontáneo/natural ..4 (c)	Emb. Ectópico..... 5 (c) Otro 6 (c) SPECIFY: _____ DON'T KNOW <-8> (c)	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 anti-retroviral 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)*, *F22 MED (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.