

**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: 1 0 / 0 1 / 0 1
- 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 ILL.....2 **(A10)**
- PARTICIPANT HAS MOVED OUT OF AREA.....3
- 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.

- A10. INTERVIEW TOOK PLACE:
- BY TELEPHONE..... 1 **(SECTION B)**
- 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) _____

SECTION B: ADMINISTRATION OF F22 HX and MED

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.

PROMPT: ADMINISTER THE ENTIRE F22HX (FOLLOW-UP HEALTH HISTORY) AND F22 MED (MEDICATION HISTORY) TO THE PARTICIPANT. COMPLETE AN ASCERTAINMENT TRACKING CHECKLIST (ATC) FOR ALL AIDS-DEFINING ILLNESSES THE PARTICIPANT SELF REPORTS. AN ANTIRETROVIRAL DOSAGE FORM SHOULD BE COMPLETED IF THE PARTICIPANT REPORTS USE OF ANY ANTIRETROVIRAL MEDICATIONS ON F22 MED. IN ADDITION, A DRUG FORM 1 SHOULD BE COMPLETED FOR EACH ANTI-RETROVIRAL MEDICATION THE PARTICIPANT REPORTS SHE IS CURRENTLY TAKING. NO DRUG FORM 2'S OR DRUG FORM 3'S 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 F22 HX (FOLLOW-UP HEALTH HISTORY), F22 MED (MEDICATION HISTORY), ANTIRETROVIRAL DOSAGE FORM AND DRUG FORM 1 (IF APPLICABLE) ARE COMPLETE, SCHEDULE THE PARTICIPANT'S NEXT CORE VISIT, IF IT IS FEASIBLE.