

WOMEN'S INTERAGENCY HIV STUDY
ABBREVIATED VISIT QUESTIONNAIRE (ABRV)

SECTION A: GENERAL INFORMATION

- A1. WIHS ID NUMBER: |_| - |_|_| - |_|_|_|_| - |_|
- A2. WIHS STUDY VISIT #: |_|_|
- A3. FORM VERSION: **10/01/10**
- 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 (MVIS) FORM FOR THE PARTICIPANT. DO NOT DATA ENTER THE ABRV FORM, ONLY THE MVIS FORM.

- 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
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
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**

