

WOMEN'S INTERAGENCY HIV STUDY

ELIGIBILITY FORM (EL)

NOTE: This form is NOT administered to participants, but should be filled out by sites after screening interview and medical record abstraction has taken place.

SECTION A: GENERAL INFORMATION

A1. SCREENING ID: \_\_\_\_\_

A2. FORM VERSION:  $\frac{1}{M} \frac{0}{D} / \frac{0}{D} \frac{1}{Y} / \frac{0}{Y} \frac{1}{Y}$

A3. DATE OF SCREENING:  $\frac{\quad}{M} \frac{\quad}{D} / \frac{\quad}{D} \frac{\quad}{Y}$

A4. INITIAL'S OF PERSON COMPLETING FORM: \_\_\_\_\_

A5. HIV / THERAPY STATUS:

- Seronegative ..... 1
- Seropositive, HAART naïve..... 2
- Seropositive, HAART ..... 3

**SERONEGATIVES must have blood drawn for an HIV test at either the screening or the enrollment visit (or at the combined screening/enrollment visit).**

**SEROPOSITIVES for which there is NOT hardcopy documentation of a positive HIV test result must have blood drawn for an HIV test. Seropositives that have documentation of a positive HIV test do not need to be retested.**

A6. DATE OF BIRTH:  $\frac{\quad}{M} \frac{\quad}{D} / \frac{\quad}{Y}$

A7. RACE:

- White, non-Hispanic ..... 1
- White, Hispanic ..... 2
- Black, Non-Hispanic ..... 3
- Black, Hispanic ..... 4
- American Indian / Alaskan Native ..... 5
- Asian ..... 6
- Native Hawaiian / Other Pacific Islander ..... 7
- Other ..... 8

\_\_\_\_\_  
(SPECIFY)

SCREENING ID #

**SECTION B: ELIGIBILITY**

**B1. ELIGIBILITY:**

|  | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| a. Age < 13 years .....  | 1          | 2         |            |
| b. Self-reported clinical AIDS diagnosis.....                                    | 1          | 2 (c)     |            |
| i. Was self-reported AIDS diagnosis refuted through MRA.....                     | 1          | 2         |            |
| c. Clinical AIDS (other than CD4 < 200) found through MRA .....                  | 1          | 2         |            |
| d. If HIV+, was HIV acquired through perinatal transmission .....                | 1          | 2         | 3          |
| e. If HAART user:  |            |           |            |
| i. Date of first HAART use/prescription verified in MRA .....                    | 1          | 2         | 3          |
| ii. HIV RNA and CD4 cell count known within 6 months before<br>first HAART ..... | 1          | 2         | 3          |
| f. General consent obtained .....  | 1          | 2         |            |
| g. Consent obtained to store specimens in repository .....                       | 1          | 2         |            |

**IF ANY OF THE SHADED REGIONS ARE CIRCLED, PARTICIPANT IS INELIGIBLE TO BE ENROLLED INTO THE WIHS**

**B2. HOW DID PARTICIPANT FIND OUT ABOUT THIS STUDY (CIRCLE ONLY ONE):**

- Word of mouth ..... 1
- Newspaper, posting, flier..... 2
- Study site contact: Health care provider, PI, WIHS staff, CAB.... 3
- Contact from non-WIHS service ..... 4
- Don't know, don't remember ..... 5
- Other source..... 6

\_\_\_\_\_  
**(SPECIFY)**

**B3. REPORTED ANY OF THE FOLLOWING IN THE PAST YEAR:**

|   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Injection drug use or use of crack, cocaine or heroin..... | 1          | 2         |
| b. Told by health care provider that had an STD.....          | 1          | 2         |
| c. Had sex with a known HIV+ man .....                        | 1          | 2         |
| d. Had unprotected sex with 3 or more men .....               | 1          | 2         |
| e. Had sex for drugs, money or shelter.....                   | 1          | 2         |
| f. Had sex with 6 or more men.....                            | 1          | 2         |

SCREENING ID #

B4. DISPOSITION:

|                              |   |              |
|------------------------------|---|--------------|
| Eligible and enrolled.....   | 1 |              |
| Eligible, not enrolled.....  | 2 | <b>(END)</b> |
| Declined to participate..... | 3 | <b>(B6)</b>  |
| Ineligible.....              | 4 | <b>(END)</b> |

B5. WIHSID:   |\_| - |\_2\_|\_| - |\_|\_|\_|\_|\_| - |\_|   **(END)**

B6. IF DECLINED TO PARTICIPATE, WHY?

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. No reason given.....                                    | 1          | 2         |
| b. Not located.....  | 1          | 2         |
| c. Not interested.....                                     | 1          | 2         |
| d. Did not give required consent.....                      | 1          | 2         |
| e. Too busy / Can't make study visits due to schedule..... | 1          | 2         |
| f. Feel too ill to participate.....                        | 1          | 2         |
| g. Confidentiality concerns.....                           | 1          | 2         |
| h. Social harm concerns.....                               | 1          | 2         |
| i. Other reason.....                                       | 1          | 2         |

\_\_\_\_\_  
**(SPECIFY)**