

**WOMEN'S INTERAGENCY HIV STUDY  
ELIGIBILITY FORM (EL)**

**PROMPT: LATINA/HISPANIC WOMEN SHOULD BE KEPT TO 10% OF THE MAXIMUM TOTAL TARGET FOR ALL SITES EXCEPT LA, WHERE THE NUMBER OF LATINA/HISPANIC WOMEN SHOULD BE KEPT TO 20% OF THE MAXIMUM TOTAL TARGET. WOMEN WITH PRIOR “CLINICAL” AIDS DIAGNOSES (EXCLUDING THOSE WITH CD4 COUNT <200) SHOULD BE KEPT TO 10% OF THE HIV-POSITIVE TARGET FOR EACH SITE. PLEASE CHECK WITH YOUR SITE PD PRIOR TO ENROLLING ANY NEW PARTICIPANT TO ENSURE THAT TARGETS ARE NOT EXCEEDED. SEE MOO, SECTION 4, FOR MORE DETAILS.**

**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:                      **1 0 / 0 2 / 1 1**
- A3. DATE OF SCREENING:                \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
  M                      D                      Y
- A4. INITIALS OF PERSON  
COMPLETING FORM:                      \_\_\_\_ \_
- A5. PREFERRED INTERVIEW LANGUAGE (from SCR):
- ENGLISH..... 1  
SPANISH ..... 2
- A6. HIV / THERAPY STATUS (from SCR):
- Seronegative ..... 1  
Seropositive, ART naïve ..... 4  
Seropositive, HAART (2005 or later) ..... 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 whom there is NOT hardcopy documentation of a positive HIV test result must have blood drawn for an HIV test. Seropositives who have documentation of a positive HIV test do not need to be retested.**

- A7. DATE OF BIRTH (from SCR):        \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
  M                      D                      Y
- A8. ETHNICITY (from SCR):
- HISPANIC ..... 1  
NON-HISPANIC..... 2

A9. RACE (from SCR):

- BLACK/AFRICAN AMERICAN ..... 1
- WHITE/CAUCASIAN..... 2
- AMERICAN INDIAN/ALASKAN NATIVE ..... 3
- ASIAN..... 4
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ..... 5
- OTHER..... 6

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

**SECTION B: ELIGIBILITY**

B1. ELIGIBILITY:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a. Age:			
i. If HIV+, is participant 30-55 years old? .....	1	2	3
ii. If HIV-, is participant 35-60 years old? .....	1	2	3
b. If HIV+, has used ART, but not HAART.....	1	2	3
c. If HAART user:			
i. Date of first HAART use/prescription verified in MRA.....	1	2	3
ii. Date of first HAART use before January 1, 2005, unless HAART use only during pregnancy or PEP/PrEP.....	1	2	3
iii. HIV RNA and CD4 cell count known within 6 months before first HAART .....	1	2	3
iv. Participant has <u>ever</u> used ddI, ddC or d4T .....	1	2	3
d. Participant plans to move out of area within 12 months.....	1	2	
e. General consent obtained.....	1	2	
f. 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**

SCREENING ID #

[Empty box for screening ID]

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

- From an enrolled participant ..... 1
- From a flier, advertisement, or posting ..... 2
  - a. SPECIFY: \_\_\_\_\_
- From a WIHS staff member ..... 3
- From a Community Advisory Board (CAB) member ..... 4
- From a clinic provider ..... 5
  - b. SPECIFY PROVIDER/CLINIC: \_\_\_\_\_
- Don't know, don't remember ..... 6
- Other source ..... 7
  - c. SPECIFY: \_\_\_\_\_

B3. REPORTED ANY OF THE FOLLOWING IN THE PAST YEAR (from SCR):	<u>YES</u>	<u>NO</u>
a. Injection drug use or use of crack, cocaine, heroin or methamphetamine.....	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

**B4. DISPOSITION:**

- Eligible and enrolled ..... 1
- Eligible, not enrolled..... 2 **(END)**
- Declined to participate ..... 3 **(B6)**
- Ineligible ..... 4 **(END)**

B5. WIHSID:   |\_|\_| - |\_3\_|\_| - |\_|\_|\_|\_|\_| - |\_| **(END)**

SCREENING ID #

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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)**