



SCREENING ID #

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**

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[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

**PROMPT: HIV-NEGATIVE ENROLLEES MUST MEET AT LEAST ONE OF THE CRITERIA IN QUESTION B3 IN ORDER TO BE ELIGIBLE FOR ENROLLMENT.**

**B4. DISPOSITION:**

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

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

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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)**