

WOMEN'S INTERAGENCY HIV STUDY
Musculoskeletal (MSK) Substudy: SCREENING FORM

ID LABEL
HERE --->

____ - ____ - ____ - ____

WIHS VISIT #:

FORM COMPLETED BY:

VERSION DATE **10/25/11**

A1. DATE OF SCREENING:

___ / ___ / ___
M D Y

A2. a. HEIGHT (ROUND TO NEAREST 1.0 INCH):

___ FEET ___ INCHES

b. IS THE PARTICIPANT OVER 6 FEET 1 INCH TALL?

YES 1 **(END FORM; PARTICIPANT EXCLUDED)**
NO 2

A3. a. WEIGHT (ROUND TO NEAREST 1.0 POUND):

___ LBS

b. DOES THE PARTICIPANT WEIGH OVER 264 POUNDS?

YES 1 **(END FORM; PARTICIPANT EXCLUDED)**
NO 2

A4. Do you have metal rods in your spine?

YES 1 **(END FORM; PARTICIPANT EXCLUDED)**
NO 2

A5. Do you use an assistive device for walking, have missing lower extremities or limbs, or use a lower extremity prosthesis?

YES 1 **(END FORM; PARTICIPANT EXCLUDED)**
NO 2

A7. IS PARTICIPANT HIV-POSITIVE?

YES 1
NO 2 **(A8)**

a. Have you been taking antiretroviral therapy or HAART for at least one year?

YES 1
NO 2 **(END FORM; PARTICIPANT EXCLUDED)**

A8. Have you taken medications in the past 12 months for treatment of osteoporosis? This may include: alendronate (Fosamax), risedronate (Actonel), ibandronate (Boniva), zoledronic acid (Reclast), raloxifene (Evista), calcitonin (Miacalcin), teriparatide (Forteo), or denosumab (Prolia).

YES 1 **(END FORM; PARTICIPANT EXCLUDED)**
NO 2

A9. Have you taken female hormone therapy in the past three months? This may include: estrogen, progesterone, birth control pills, depo provera, lunelle, birth control patch, or hormone replacement therapy for menopause.

YES 1 **(END FORM; PARTICIPANT EXCLUDED)**
NO 2

PROMPT: PARTICIPANT IS ELIGIBLE FOR ENROLLMENT IN THE MSK SUBSTUDY. COLLECT EXTRA TUBES OF BLOOD AS INDICATED ON FORM F29. SCHEDULE PARTICIPANT FOR MSK SUBSTUDY VISIT. THE SCREENING FORM WILL NOT BE DATA ENTERED.