

**WOMEN'S INTERAGENCY HIV STUDY
VACCINATION HISTORY (VAC) FORM**

A1. PARTICIPANT ID: |_|_| - |_|_| - |_|_|_|_|_|_| - |_|_|

A2. WIHS STUDY VISIT #: _____

A3. FORM VERSION: 11/01/06

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___
 M D Y

A5. FORM COMPLETED BY: _____

PROMPT: IF THE PARTICIPANT BROUGHT HER COMPLETED VACCINATION CARD TO THE INTERVIEW, COMPLETE THE VACCINATION HISTORY FORM USING THE INFORMATION FROM THE CARD.

INSTRUCTIONS FOR COMPLETION

- 1) Place a check mark in the box for each type of vaccination that has information recorded on the participant's Vaccination Card. Leave blank any vaccinations she did not receive.
- 2) For each vaccination in B1 through B10 that the participant received, complete column a, questions iv and v. If she received a second dose of the same vaccination, complete column b; if she received a third dose, complete column c. Questions i and iii have been pre-completed for B1 through B10; please enter the values printed on the form during entry into Apollo. Question ii does not appear in B1 through B10 as it is not applicable; "-1" will be automatically entered into Apollo.
- 3) Record any "other" vaccinations (i.e., those not listed specifically on the form) received by the participant in B11, a through f. Specify the type of vaccination in question ii.
- 4) In B12, enter the total number of vaccinations recorded in B1 through B11.

SECTION B: VACCINATION HISTORY

START VACs1

	a. 1st Vaccination	b. 2nd Vaccination	c. 3rd Vaccination
<p>B1.</p> <p><i>Twinrix</i> (Combination of Hepatitis A & B vaccines)</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 10px 0;"></div> <p>If Twinrix vaccination received, check box and go to B1a.</p>	<p>i. Vac Code: <u>001</u></p> <p>iii. Vaccination #: <u>1</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1</p> <p>Community Center 2</p> <p>Dept of Health 3</p> <p>Grocery Store 4</p> <p>Medical Clinic 5</p> <p>Pharmacy 6</p> <p>Doctor's office..... 7</p> <p>Other (SPECIFY BELOW) 8</p> <p>_____</p> <p>(If 2nd Twinrix vaccination reported go to b, otherwise go to B2)</p>	<p>i. Vac Code: <u>001</u></p> <p>iii. Vaccination #: <u>2</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1</p> <p>Community Center 2</p> <p>Dept of Health 3</p> <p>Grocery Store 4</p> <p>Medical Clinic 5</p> <p>Pharmacy 6</p> <p>Doctor's office..... 7</p> <p>Other (SPECIFY BELOW) 8</p> <p>_____</p> <p>(If 3rd Twinrix vaccination reported go to c, otherwise go to B3)</p>	<p>i. Vac Code: <u>001</u></p> <p>iii. Vaccination #: <u>3</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1</p> <p>Community Center 2</p> <p>Dept of Health 3</p> <p>Grocery Store 4</p> <p>Medical Clinic 5</p> <p>Pharmacy 6</p> <p>Doctor's office..... 7</p> <p>Other (SPECIFY BELOW) 8</p> <p>_____</p> <p>(B2)</p>

	a. 1st Vaccination	b. 2nd Vaccination	c. 3rd Vaccination
<p>B2.</p> <p><i>*Hepatitis A (only)</i></p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 10px 0;"></div> <p>If Hepatitis A vaccination received, check box and go to B2a.</p> <p><i>* If Twinrix, record in question B1.</i></p>	<p>i. Vac Code: <u>0 0 2</u></p> <p>iii. Vaccination #: <u>1</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 2nd Hepatitis A vaccination reported go to b, otherwise go to B3)</p>	<p>i. Vac Code: <u>0 0 2</u></p> <p>iii. Vaccination #: <u>2</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 3rd Hepatitis A vaccination reported go to c, otherwise go to B3)</p>	<p>i. Vac Code: <u>0 0 2</u></p> <p>iii. Vaccination #: <u>3</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(B3)</p>
<p>B3.</p> <p><i>*Hepatitis B (only)</i></p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 10px 0;"></div> <p>If Hepatitis B vaccination received, check box and go to B3a.</p> <p><i>* If Twinrix, record in question B1.</i></p>	<p>i. Vac Code: <u>0 0 3</u></p> <p>iii. Vaccination #: <u>1</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 2nd Hepatitis B vaccination reported go to b, otherwise go to B4)</p>	<p>i. Vac Code: <u>0 0 3</u></p> <p>iii. Vaccination #: <u>2</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 3rd Hepatitis B vaccination reported go to c, otherwise go to B4)</p>	<p>i. Vac Code: <u>0 0 3</u></p> <p>iii. Vaccination #: <u>3</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(B4)</p>
<p>B4.</p> <p>HPV : Bi-valent (Cervarix)</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 10px 0;"></div> <p>If Cervarix HPV vaccination received, check box and go to B4a.</p>	<p>i. Vac Code: <u>0 0 4</u></p> <p>iii. Vaccination #: <u>1</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 2nd Cervarix HPV vaccination reported go to b, otherwise go to B5)</p>	<p>i. Vac Code: <u>0 0 4</u></p> <p>iii. Vaccination #: <u>2</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 3rd Cervarix HPV vaccination reported go to c, otherwise go to B5)</p>	<p>i. Vac Code: <u>0 0 4</u></p> <p>iii. Vaccination #: <u>3</u></p> <p>iv. Date given: __ __ / __ __ / __ __ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(B5)</p>

	a. 1st Vaccination	b. 2nd Vaccination	c. 3rd Vaccination
<p>B5.</p> <p>HPV: <i>Quadra-valent (Gardasil)</i></p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 10px auto;"></div> <p>If Gardasil HPV vaccination received, check box and go to B5a.</p>	<p>i. Vac Code: <u>005</u></p> <p>iii. Vaccination #: <u>1</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 2nd Gardasil HPV vaccination reported go to b, otherwise go to B6)</p>	<p>i. Vac Code: <u>005</u></p> <p>iii. Vaccination #: <u>2</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 3rd Gardasil HPV vaccination reported go to c, otherwise go to B6)</p>	<p>i. Vac Code: <u>005</u></p> <p>iii. Vaccination #: <u>3</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(B6)</p>
<p>B6.</p> <p>Pneumococcal: <i>PPV 23-valent (Pneumovax)</i></p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 10px auto;"></div> <p>If pneumococcal vaccination received, check box and go to B6a.</p>	<p>i. Vac Code: <u>006</u></p> <p>iii. Vaccination #: <u>1</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 2nd pneumococcal vaccination reported go to b, otherwise go to B7)</p>	<p>i. Vac Code: <u>006</u></p> <p>iii. Vaccination #: <u>2</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 3rd pneumococcal vaccination reported go to c, otherwise go to B7)</p>	<p>i. Vac Code: <u>006</u></p> <p>iii. Vaccination #: <u>3</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(B7)</p>
<p>B7.</p> <p>Tetanus: Td</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 10px auto;"></div> <p>If Td tetanus vaccination received, check box and go to B7a.</p>	<p>i. Vac Code: <u>007</u></p> <p>iii. Vaccination #: <u>1</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 2nd Td tetanus vaccination reported go to b, otherwise go to B8)</p>	<p>i. Vac Code: <u>007</u></p> <p>iii. Vaccination #: <u>2</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(If 3rd Td tetanus vaccination reported go to c, otherwise go to B8)</p>	<p>i. Vac Code: <u>007</u></p> <p>iii. Vaccination #: <u>3</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor's office..... 7 Other (SPECIFY BELOW) 8</p> <hr/> <p>(B8)</p>

	a. 1st Vaccination	b. 2nd Vaccination	c. 3rd Vaccination
B8. <i>Tetanus: Tdap</i> <input type="checkbox"/> If Tdap tetanus vaccination received, check box and go to B8a.	i. Vac Code: <u>008</u> iii. Vaccination #: <u>1</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (If 2 nd Tdap tetanus vaccination reported go to b, otherwise go to B9)	i. Vac Code: <u>008</u> iii. Vaccination #: <u>2</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (If 3 rd Tdap tetanus vaccination reported go to c, otherwise go to B9)	i. Vac Code: <u>008</u> iii. Vaccination #: <u>3</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (B9)
B9. <i>Influenza: TIV (“flu shot”)</i> <input type="checkbox"/> If flu shot received, check box and go to B9a.	i. Vac Code: <u>009</u> iii. Vaccination #: <u>1</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (If 2 nd flu shot reported go to b, otherwise go to B10)	i. Vac Code: <u>009</u> iii. Vaccination #: <u>2</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (If 3 rd flu shot reported go to c, otherwise go to B10)	i. Vac Code: <u>009</u> iii. Vaccination #: <u>3</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (B10)
B10. <i>Influenza : LAIV (FluMist)</i> <input type="checkbox"/> If FluMist vaccination received, check box and go to B10a.	i. Vac Code: <u>010</u> iii. Vaccination #: <u>1</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (If 2 nd FluMist vaccination reported go to b, otherwise go to B11)	i. Vac Code: <u>010</u> iii. Vaccination #: <u>2</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (If 3 rd FluMist vaccination reported go to c, otherwise go to B11)	i. Vac Code: <u>010</u> iii. Vaccination #: <u>3</u> iv. Date given: __ _ / __ _ / __ _ MM DD YY v. Place Administered: Church 1 Community Center 2 Dept of Health 3 Grocery Store 4 Medical Clinic 5 Pharmacy 6 Doctor’s office..... 7 Other (SPECIFY BELOW) 8 _____ (B11)

**B11. IF PARTICIPANT RECEIVED ANY OTHER VACCINATIONS
CHECK BOX AND GO TO B11a, OTHERWISE SKIP TO B12.**

<p>a. Other vaccination</p> <p>i. Vac Code: <u>099</u></p> <p>ii. SPECIFY: _____</p> <p>iii. Vaccination #: <u>1</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1</p> <p>Community Center.....2</p> <p>Dept of Health3</p> <p>Grocery Store.....4</p> <p>Medical Clinic5</p> <p>Pharmacy6</p> <p>Doctor's office.....7</p> <p>Other (SPECIFY BELOW)8</p> <p>_____</p> <p>(If 2nd other vaccination reported go to b, otherwise go to B12)</p>	<p>b. Other vaccination</p> <p>i. Vac Code: <u>099</u></p> <p>ii. SPECIFY: _____</p> <p>iii. Vaccination #: <u>2</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church..... 1</p> <p>Community Center..... 2</p> <p>Dept of Health..... 3</p> <p>Grocery Store..... 4</p> <p>Medical Clinic..... 5</p> <p>Pharmacy..... 6</p> <p>Doctor's office 7</p> <p>Other (SPECIFY BELOW)..... 8</p> <p>_____</p> <p>(If 3rd other vaccination reported go to c, otherwise go to B12)</p>	<p>c. Other vaccination</p> <p>i. Vac Code: <u>099</u></p> <p>ii. SPECIFY: _____</p> <p>iii. Vaccination #: <u>3</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church.....1</p> <p>Community Center.....2</p> <p>Dept of Health.....3</p> <p>Grocery Store.....4</p> <p>Medical Clinic.....5</p> <p>Pharmacy6</p> <p>Doctor's office7</p> <p>Other (SPECIFY BELOW).....8</p> <p>_____</p> <p>(If 4th other vaccination reported go to d, otherwise go to B12)</p>
<p>d. Other vaccination</p> <p>i. Vac Code: <u>099</u></p> <p>ii. SPECIFY: _____</p> <p>iii. Vaccination #: <u>4</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church 1</p> <p>Community Center.....2</p> <p>Dept of Health3</p> <p>Grocery Store.....4</p> <p>Medical Clinic5</p> <p>Pharmacy6</p> <p>Doctor's office.....7</p> <p>Other (SPECIFY BELOW)8</p> <p>_____</p> <p>(If 5th other vaccination reported go to e, otherwise go to B12)</p>	<p>e. Other vaccination</p> <p>i. Vac Code: <u>099</u></p> <p>ii. SPECIFY: _____</p> <p>iii. Vaccination #: <u>5</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church..... 1</p> <p>Community Center..... 2</p> <p>Dept of Health..... 3</p> <p>Grocery Store..... 4</p> <p>Medical Clinic..... 5</p> <p>Pharmacy..... 6</p> <p>Doctor's office 7</p> <p>Other (SPECIFY BELOW)..... 8</p> <p>_____</p> <p>(If 6th other vaccination reported go to f, otherwise go to B12)</p>	<p>f. Other vaccination</p> <p>i. Vac Code: <u>099</u></p> <p>ii. SPECIFY: _____</p> <p>iii. Vaccination #: <u>6</u></p> <p>iv. Date given: _ _ / _ _ / _ _ MM DD YY</p> <p>v. Place Administered:</p> <p>Church.....1</p> <p>Community Center.....2</p> <p>Dept of Health.....3</p> <p>Grocery Store.....4</p> <p>Medical Clinic.....5</p> <p>Pharmacy6</p> <p>Doctor's office7</p> <p>Other (SPECIFY BELOW).....8</p> <p>_____</p> <p>(B12)</p>

END VACs1

**B12. ENTER THE TOTAL NUMBER OF VACCINATIONS
RECORDED IN QUESTIONS B1 – B11:**