

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

FOLLOW-UP INTERVIEW/EXAM FORMS											
<i>Form#</i>	<i>Title</i>	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ABI	Arterial Brachial Index Measurement Form	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	na	na	na	na	10/1/1998	10/1/1998	4/1/1999	4/1/1999	10/1/1999a	10/1/1999
DRUG2	Non-antiviral Medications	na	na	na	na	10/1/1998	10/1/1998	4/1/1999	4/1/1999	4/1/1999a	4/1/1999a
DRUG3	Hepatitis Medications	na	na	na	na	na	na	na	na	na	na
DSG	Antiretroviral Dosage	na	na	na	na	na	na	na	na	na	na
F07	Physical Exam	8/15/1994	8/15/1994	8/15/1994c	4/1/1995	10/1/1998	10/1/1998a	4/1/1999a	4/1/1999a	10/1/1999	10/1/1999
F08	Gynecological Exam	8/15/1994	8/15/1994	4/1/1995d	4/1/1995	10/1/1998	10/1/1998	4/1/1999a	4/1/1999a	10/1/1999	10/1/1999
F08a	Potential CVL Contaminants	10/15/1995	na	10/15/1995	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
F01*/F21	Sociodemographics	8/15/1994c	8/15/1994	4/1/1995	4/1/1995	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998a	10/1/1998a
F02*/F22*	Medical & Health History (visits 1 - 16)	8/15/1994c	8/15/1994	8/15/1996	9/15/1997	10/1/1998b	10/1/1998	4/1/1999b	4/1/1999b	10/1/1999a	10/1/1999a
F22HX	Follow-up Health History (visit 17+)	na	na	na	na	na	na	na	na	na	na
F22MED	Medication History (visit 17+)	na	na	na	na	na	na	na	na	na	na
F03*/F23	OB/GYN History	10/15/1994	8/15/1994	3/1/1996	8/1/1995	10/1/1998a	10/1/1998	10/1/1998c	10/1/1998c	10/1/1999	10/1/1999
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	8/15/1994c	8/15/1994	6/1/1997	6/15/1997	10/1/1998a	10/1/1998	4/1/1999	4/1/1999	10/1/1999a	10/1/1999a
F24BEH	Alcohol, Drugs & Sexual Behavior (visit 25+)	na	na	na	na	na	na	na	na	na	na
F05*/F25	Health Care Utilization	8/15/1994c	8/15/1994	4/1/1995	9/15/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
F25a*	Health Care Utilization Supplement	na	na	8/1/1995	9/15/1997	10/1/1998a	10/1/1998	na	na	10/1/1998a	10/1/1998
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/15/1994d	8/15/1994	4/1/1995	4/1/1995	10/1/1998	10/1/1998	10/1/1998b	10/1/1998b	na	na
HX	Family and Personal Medical History	na	na	na	na	na	na	na	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	na	na	na	na	na	na	na	na	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	na	na	na	na	na	na
SDCQ	San Deigo Claudication Questionnaire	na	na	na	na	na	na	na	na	na	na

MISCELLANEOUS SUBSTUDY FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Survey	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization	na	na	na	na	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na	na	na	na	na
MINOTI*	Mucosal Immunity Notificaiton Form	na	na	na	na	na	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na	na	na	na	na	na
TRUST*	Opinions about Health System and HIV/AIDS	na	na	na	na	na	na	na	na	na	na

SPECIMEN COLLECTION FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
F10*	Plasma & Cell Separation and Freezing	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994
F09*/F29	Blood Specimen Collection Form	8/15/1994c	na	3/1/1996	3/1/1996	3/1/1996	3/1/1996	3/1/1996	3/1/1996	3/1/1996a	3/1/1996
F29a	Antiviral Usage Assessment for Blood Draw	na	na	na	na	na	na	na	na	10/1/1999a	10/1/1999
F11*/F31	Specimens Collected During PE	8/15/1994c	na	8/1/1995	8/1/1995	8/1/1995	8/1/1995	4/1/1999	4/1/1999	10/1/1999	10/1/1999
F31a*	Hair Color, Texture and Treatment History	na	na	na	na	na	na	na	na	na	na
L20	Repository Specimen Processing	na	na	na	na	na	na	na	na	na	na

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LOCAL LAB FORMS											
<i>Form#</i>	<i>Title</i>	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
L01	HIV ELISA and Western Blot	8/15/1994	na	8/15/1994	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
L02	Serum Antibody Tests - Hepatitis	8/15/1994	na	na	na	na	na	na	na	na	na
L03	Automated CBC/Differential	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994a	na
L03a	Hand-Manual Differential	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
L04	Flow Cytometry	8/15/1994	na	8/15/1994	na	10/1/1998	na	10/1/1998a	na	10/1/1998b	na
L05	Liver/Renal Function Tests	8/15/1994c	na	8/15/1994c	na	8/15/1994c	na	na	na	8/15/1994c	na
L06	Serum Antibody Tests - Syphilis Screening	8/15/1994c	na	na	na	na	na	na	na	na	na
L07*	Mantoux Skin Test Result Anergy Panel	8/15/1994	na	8/15/1994	na	8/15/1994	na	na	na	10/1/1999	na
L08*	PPD Skin Test	1/15/1995	na	1/15/1995	na	1/15/1995	na	na	na	10/1/1999	na
L09	Chlamydia	8/15/1994	na	na	na	na	na	na	na	na	na
L10	Urinalysis	8/15/1994c	na	8/15/1994c	na	na	na	na	na	na	na
L11*	Urine Culture Results	8/15/1994	na	8/15/1994	na	na	na	na	na	na	na
L12*	(Urine) Pregnancy Test	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na
L13	Gonorrhea	8/15/1994	na	na	na	na	na	na	na	na	na
L14	Colposcopy Results	9/15/1995	9/15/1997	9/15/1995	9/15/1997	9/15/1995	9/15/1997	9/15/1995	9/15/1997	9/15/1995	9/15/1997
L15	Biopsy Histopathology Pelvic Exam	9/15/1995	9/15/1997	9/15/1995	9/15/1997	9/15/1995	9/15/1997	4/1/1999a	4/1/1999	4/1/1999a	4/1/1999
L16	Dysplasia Treatment	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997
L17*	Herpes Culture of Ulcers and Fissures	10/15/1994d	na	na	na	na	na	na	na	na	na
L18	Trichomonas Vaginalis Culture (optional)	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
L19*	CVL Processing	8/25/1997	na	8/25/1997	na	10/1/1998	na	10/1/1998	na	10/1/1999	na
CENTRAL LAB FORMS											
<i>Form#</i>	<i>Title</i>	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
C30*	Toxoplasma Serology	8/15/1994	na	na	na	na	na	na	na	na	na
C31*	Human Retrovirus Testing	4/1/1995c	na	na	na	na	na	na	na	na	na
C45	Bacterial Vaginosis Smear Gram Stain	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C50*	Urine for Chlamydia	8/15/1994	na	8/15/1994	na	8/15/1994	na	na	na	8/15/1994	na
C52	HPV by PCR	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na
C54	Viral Load	12/16/1996	na	12/16/1996	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
C60	Pap Smear	8/15/1994	na	8/15/1994	na	10/1/1998	na	4/1/1999	na	4/1/1999	na
C60a*	Pap Smear Retrospective Re-Read v1-15	na	na	na	na	na	na	na	na	na	na
C60b*	Pap Smear Retrospective Re-Read v16	na	na	na	na	na	na	na	na	na	na
C65*	Syphilis DFA - Genital Ulcers & Fissure	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C66*	Serum Antibody Type-Specific Herpes Serology	1/6/1997	na	na	na	na	na	na	na	na	na
C70*	Laboratory - Stimulated Saliva Evaluation	10/15/1996	na	10/15/1996	na	10/15/1996	na	10/15/1996	na	10/15/1996	na
C71*	Laboratory - Subgingival Plaque	10/15/1996	na	10/15/1996	na	10/15/1996	na	4/1/1999	na	4/1/1999	na
C72*	Laboratory - Erythematous Candidiasis Smear Results	na	na	na	na	na	na	4/1/1999a	na	4/1/1999a	na
ADMINISTRATIVE FORMS											
<i>Form#</i>	<i>Title</i>	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ABRV	Abbreviated Visit	na	na	8/1/1997	na	8/1/1997	na	8/1/1997	na	8/1/1997	na
ANTHRO	Anthropometry Training Form	na	na	na	na	na	na	na	na	na	na
COLPO	Colposcopy Tracking Form	na	na	na	na	na	na	na	na	na	na
CONS	Consent Status Tracking Form	na	na	na	na	na	na	na	na	na	na
CRST*	Central Repository Shipment Tracking	na	na	na	na	na	na	na	na	na	na
DDE	Direct Data Entry Form	na	na	na	na	na	na	na	na	na	na
DENR	Disenrollment Form	na	na	6/15/1997	11/1/1997	10/1/1998	10/1/1998	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999b
INT*	Interim Events Form	na	na	na	na	na	na	4/1/1999	na	10/1/1999	na
MVIS	Missed Visit Form	na	na	8/1/1996	8/1/1996c	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
NRREF	New Recruit - Referral Checklist	na	na	na	na	na	na	na	na	na	na
REF	Referral Checklist	na	na	na	na	na	na	na	na	na	na
TRANS	Transfer Form	na	na	9/1/1995	na	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998

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OUTCOMES ASCERTAINMENT FORMS											
Form#	Title	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ACS*	Ascertainment Control Sheet	na	na	na	na	na	10/1/1998	na	4/1/1999a	na	4/1/1999a
ACSR ATC*	ACSR Ascertainment Tracking Checklist	na	na	na	na	na	na	4/1/1999	na	4/1/1999	na
ATC	Ascertainment Tracking Checklist	8/15/1994c	9/15/1997	2/1/1997	9/15/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998a	10/1/1998a
CNCR	Cancer Registry Case Report	na	na	na	na	na	na	5/20/1999	5/20/1999	5/20/1999	5/20/1999
CORE	Clinical Outcomes Reporting Form	na	na	na	na	na	na	4/1/1999b	4/1/1999a	4/1/1999b	4/1/1999d
QCCD	QC Review of Cancer Diagnoses	na	na	na	na	na	na	na	na	na	na
QCGY	QC Review of Gynecologic Material	na	na	na	na	na	na	na	na	na	na
QCHS*	Hysterectomy Abstraction Form	na	na	na	na	na	na	na	na	na	na
QCLB	Liver Biopsy Abstraction Form	na	na	na	na	na	na	na	na	na	na
QCSS	QC Central Review of Surgical Specimens	na	na	na	na	na	na	na	na	na	na
TB	TB - Verified Case Report	na	na	na	na	na	na	1/12/1999	1/12/1999	1/12/1999	1/12/1999
VAC*	Vaccination History Form	na	na	na	na	na	na	na	na	na	na

CARDIOVASCULAR SUBSTUDY FORMS											
Form#	Title	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
CVNOTI*	Participant Notification	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	na	na	na	na	na	na	na	na	na	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na

HHV-8 SUBSTUDY FORMS											
Form#	Title	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
HVDENR*	Disenrollment	na	na	na	na	na	na	4/1/1999	na	4/1/1999	na
HVMVIS*	Missed Visit	na	na	na	na	na	na	4/1/1999	na	4/1/1999	na
HVNOTI*	Recruitment Outcome Form	na	na	na	na	na	na	4/1/1999	na	4/1/1999	na
HVSPEC*	Specimen Collection	na	na	na	na	na	na	4/1/1999	na	4/1/1999	na

INTENSIVE PK SUBSTUDY FORMS											
Form#	Title	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
PK01*	Eligibility for Intensive PK Substudy	na	na	na	na	na	na	na	na	na	na
PKNOTI*	PK: Participant notification	na	na	na	na	na	na	na	na	na	na
PK02*	PK: Current Antiretroviral medication use	na	na	na	na	na	na	na	na	na	na
PK02a*	PK: Antiretroviral adherence	na	na	na	na	na	na	na	na	na	na
PK03*	PK: Recent illnesses, concurrent meds & OB/GYN hist	na	na	na	na	na	na	na	na	na	na
PK04*	PK: Recent substance use	na	na	na	na	na	na	na	na	na	na
PK05a*	PK: Weight and Specimen collection: group A	na	na	na	na	na	na	na	na	na	na
PK05b*	PK: Weight and Specimen collection: group B	na	na	na	na	na	na	na	na	na	na
PK05c*	PK: Weight and Specimen collection: group C	na	na	na	na	na	na	na	na	na	na
PK06*	PK: Dosing of antiretroviral medications	na	na	na	na	na	na	na	na	na	na
PK07*	PK: Plasma Separation and Freezing Form	na	na	na	na	na	na	na	na	na	na
PK08*	PK: Dietary Fat Percentage Questionnaire	na	na	na	na	na	na	na	na	na	na
PK-DIET*	PK: Dietary Assessment	na	na	na	na	na	na	na	na	na	na

MALT / GALT SUBSTUDY FORMS											
Form#	Title	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
MG01	Pre-Eligibility (complete after core)	na	na	na	na	na	na	na	na	na	na
MG02	Pre-Eligibility (complete by study coordinator)	na	na	na	na	na	na	na	na	na	na
MG03	Screening Visit	na	na	na	na	na	na	na	na	na	na
MG04	Notification of Enrollment (NOTI)	na	na	na	na	na	na	na	na	na	na
MG05	Colonoscopy/EMB Preparation Checklist/Worksheet	na	na	na	na	na	na	na	na	na	na
MG06	Colonoscopy Procedure Form	na	na	na	na	na	na	na	na	na	na
MG07	Endometrial & Endocervical Biopsy Procedure Form	na	na	na	na	na	na	na	na	na	na
MG08*	Biopsy Specimen Tracking Form	na	na	na	na	na	na	na	na	na	na
MG08a	Biopsy Specimen Tracking Form (Colonoscopy)	na	na	na	na	na	na	na	na	na	na
MG08b	Biopsy Specimen Tracking Form (Endometrial)	na	na	na	na	na	na	na	na	na	na
MG09	Serum Progesterone and Colonocopy Reports	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

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NEUROCOGNITION AND AGING FORMS											
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		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
BLSA*	Baltimore Longitudinal Study of Aging	na	na	na	na	na	na	na	na	na	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
IADL-LF	Instrumental Activities of Daily Living - Long Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	na	na	na	na	na	na
NC01a	Cognitive Measures (Standard TMT and SDMT)	na	na	na	na	na	na	na	na	na	na
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC01b*	Cognitive Measures (Color TMT)	na	na	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	na	na	na	na	na	na	na	na	na	na
NC03	Educational Experience	na	na	na	na	na	na	na	na	na	na
NC04	Wechsler Test of Adult Reading (WTAR)	na	na	na	na	na	na	na	na	na	na
NC05	Interviewer Feedback	na	na	na	na	na	na	na	na	na	na
NC06	Hopkins Verbal Learning Test-Revised	na	na	na	na	na	na	na	na	na	na
NC07	Stroop Test	na	na	na	na	na	na	na	na	na	na
NC08	Verbal Fluency	na	na	na	na	na	na	na	na	na	na
NC09	Letter Number Span	na	na	na	na	na	na	na	na	na	na
NC10	Grooved Pegboard	na	na	na	na	na	na	na	na	na	na
PAQ	Physical Activity Questionnaire	na	na	na	na	na	na	na	na	na	na
PBM	Functional Performance Tests	na	na	na	na	na	na	na	na	na	na
PTSD	Stress Assessment Questionnaire	na	na	na	na	na	na	na	na	na	na

NIDA I/V AND HCU											
<i>Form#</i>	<i>Title</i>	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
NI01*	Health Care Utilization Collaborative WIHS/HERS Interview	na	na	11/1/1996c	11/1/1996c	10/1/1998	10/1/1998	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
NI02*	General Abstraction	na	na	9/15/1997	9/15/1997	na	na	na	na	na	na
NI03*	Pneumonia Abstraction	na	na	11/1/1996	11/1/1996	na	na	na	na	na	na
NI04*	Pneumonia Episode Abstraction	na	na	8/1/1997	8/1/1997	na	na	na	na	na	na
NI05*	Diarrhea Abstraction	na	na	11/1/1996c	11/1/1996c	na	na	na	na	na	na
NVNOTI*	Participant Notification	na	na	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na
NV01*	Enrollment Interview	na	na	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997
NV02*	Antiretroviral Drug Use	na	na	11/15/1997	11/15/1997	na	na	na	na	na	na
NV03*	Specimen Collection	na	na	11/15/1997	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
NV04*	Specimen Processing	na	na	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na
NV05*	Flow Cytometry	na	na	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na
NV06*	RNA Quantification on CVL	na	na	11/15/1997	na	na	na	na	na	na	na
NV07*	Urine Toxicology	na	na	11/15/1997	na	10/1/1998	na	10/1/1998	na	10/1/1998	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ORAL PROTOCOL FORMS											
OPNOTI*	Oral Protocol Participant Notification (expansion)	3/1/1995	na	3/1/1995	na	na	na	na	na	na	na
OP01*	Medical Evaluation	10/1/1995c	9/1/1997	10/1/1995c	9/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998a	10/1/1998a
OP02*	Research Interview	3/1/1995	9/1/1997	3/1/1995	9/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP03*	Saliva Sample Collection	9/1/1996	9/1/1997	9/1/1996	9/1/1997	10/1/1998	10/1/1998	4/1/1999	4/1/1999	4/1/1999a	4/1/1999a
OP04*	Oral Mucosal Tissue Exam	3/1/1995	9/1/1997	3/1/1995	9/1/1997	10/1/1998	10/1/1998	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
OP04a*	Addendum	3/1/1995	na	3/1/1995	na	10/1/1998	na	10/1/1998	na	10/1/1998a	na
OP05*	Smear Results	3/1/1995	9/1/1997	3/1/1995	9/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP06*	Tooth Count & Random Half Mouth	3/1/1995c	9/1/1997	3/1/1995c	9/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP07*	Plaque Index	3/1/1995	9/1/1997	3/1/1995	9/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP08*	Gingival Banding Score	3/1/1995	9/1/1997	3/1/1995	9/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP09*	Papillary Assessment	3/1/1995	9/1/1997	3/1/1995	9/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP10*	Subgingival Plaque	7/1/1997	11/1/1997	7/1/1997	11/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998a	10/1/1998	10/1/1998a
OP11*	Coronal Caries	3/1/1995	9/1/1997	3/1/1995	9/1/1997	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998
OP12*	Root Caries	3/1/1995	9/1/1997	3/1/1995	9/1/1997	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998
OP13*	Gingival Bleeding	3/1/1995	9/1/1997	3/1/1995	9/1/1997	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998
OP14*	Loss of Attachment	3/1/1995	9/1/1997	3/1/1995	9/1/1997	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998
OP15*	Dental Prostheses	3/1/1995c	9/1/1997	3/1/1995c	9/1/1997	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP16*	Oral Referral and F/U	3/1/1995c	9/1/1997	3/1/1995c	9/1/1997	10/1/1998	10/1/1998	4/1/1999	4/1/1999	4/1/1999a	4/1/1999a

PREGNANCY PROTOCOL FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PRNOTI*	Enrollment	na	na	na	na	na	na	4/1/1999a	na	10/1/1999	na
PR01*	Pregnancy Form	na	na	na	na	na	na	4/1/1999a	4/1/1999a	4/1/1999b	4/1/1999b
PR02*	Post-partum Form	na	na	na	na	na	na	4/1/1999a	4/1/1999a	4/1/1999c	4/1/1999b

PROSPECTIVE METABOLIC (MS) AND MUCKULOSKELETAL (MSK) SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
MSKSCR	MSK: Screening form	na	na	na	na	na	na	na	na	na	na
MSSCR*	MS: Screening form	na	na	na	na	na	na	na	na	na	na
MSKNOTI	MSK: Participant notification	na	na	na	na	na	na	na	na	na	na
MSNOTI*	MS: Participant notification	na	na	na	na	na	na	na	na	na	na
MSK01	MSK: Participant Data Log DXA/VFA	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	na	na	na	na	na	na	na	na
MSK02	MSK: Participant Data Log QCT	na	na	na	na	na	na	na	na	na	na
MS02*	MS: Lab test report form	na	na	na	na	na	na	na	na	na	na
MS03*	MS: Participant Data Log	na	na	na	na	na	na	na	na	na	na

PULMONARY SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	na	na	na	na	na	na

SEX STEROID SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
SSSCR*	SS: Sex steroid screening form	na	na	na	na	na	na	na	na	na	na
SSNOTI*	SS: Participant notification	na	na	na	na	na	na	na	na	na	na
SS01*	SS: Sex steroid lab test report form	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
VRS SUBSTUDY FORMS											
VRSNOTI*	VRS Enrollment Form	na	na	na	na	na	na	na	na	na	na
VRS01 *	Stage II Eligibility	na	na	na	na	na	na	na	na	na	na
VRS01r*	VRS Eligibility for VRS Supplement	na	na	na	na	na	na	na	na	na	na
VRS03*	VRS Illnesses and Medications	na	na	na	na	na	na	na	na	na	na
VRS04*	VRS Antiviral Medications	na	na	na	na	na	na	na	na	na	na
VRS05*	VRS Screening to Determine Changes in HAART Regimen	na	na	na	na	na	na	na	na	na	na
VRS06*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	na	na
VRS06r*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	na	na
VRS10*	VRS Plasma Separation and Freezing	na	na	na	na	na	na	na	na	na	na
VRS29*	VRS Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na

EXPANSION FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
EL	New Recruit Eligibility Form	na	na	na	na	na	na	na	na	na	na
F7r	Physical Exam Addendum	na	na	na	na	na	na	na	na	na	na
F20	New Recruit Baseline History	na	na	na	na	na	na	na	na	na	na
F20a*	New Recruit Baseline History: Addendum	na	na	na	na	na	na	na	na	na	na
F22r*	New Recruit ART History	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	na	na	na	na
F29r	Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na
F31r	Specimens Collected During PE	na	na	na	na	na	na	na	na	na	na
RAB	Retrospective Medical Record Abstraction	na	na	na	na	na	na	na	na	na	na
RAB App	Retrospective Medical Record Abstraction Appendix	na	na	na	na	na	na	na	na	na	na
SCR	New Recruit Sreening Form	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

SPANISH VERSIONS											
Form#	Title	BASELINE		PRE-VISIT 9		VISIT 9		VISIT 10		VISIT 11	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	na	na	na	na	na	na	na	na	na	na
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Questionnaire	na	na	na	na	na	na	na	na	na	na
BLSA*	Baltimore Longitudinal Study of Aging Questions	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	na	na	na	na	na	na	na	na	na	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	na	na	na	na	10/1/1998a	na	4/1/1999	na	10/1/1999	na
DRUG2	Non-antiviral Medications	na	na	na	na	10/1/1998	na	4/1/1999	na	4/1/1999a	na
DRUG3	Hepatitis Medications	na	na	na	na	na	na	na	na	na	na
F07	Physical Exam	na	na	na	na	na	na	4/1/1999a	na	10/1/1999	na
F20	New Recruit Baseline History (Spanish)	na	na	na	na	na	na	na	na	na	na
F20a*	New Recruit Baseline History: Addendum (Spanish)	na	na	na	na	na	na	na	na	na	na
F01*/F21	Sociodemographics	8/15/1994c	na	4/1/1995	na	10/1/1998	na	10/1/1998a	na	10/1/1998b	na
F02*/F22*	Medical & Health History	8/15/1994c	na	8/15/1996	na	10/1/1998b	na	4/1/1999b	na	10/1/1999	na
F22HX	Follow-up Health History	na	na	na	na	na	na	na	na	na	na
F22MED	Medication History	na	na	na	na	na	na	na	na	na	na
F22r *	New Recruit ART History	na	na	na	na	na	na	na	na	na	na
F03*/F23	OB/GYN History	10/15/1994	na	3/1/1996	na	10/1/1998	na	10/1/1998c	na	10/1/1999	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	8/15/1994c	na	6/15/1997	na	10/1/1998	na	4/1/1999	na	10/1/1999	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visits 25+)	na	na	na	na	na	na	na	na	na	na
F05*/F25	Health Care Utilization	8/15/1994c	na	4/1/1995	na	10/1/1998a	na	10/1/1998a	na	10/1/1998a	na
F25a*	Health Care Utilization Supplement	na	na	8/1/1995	na	10/1/1998a	na	na	na	10/1/1998a	na
F25b*	Mental Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/15/1994d	na	4/1/1995	na	10/1/1998	na	10/1/1998b	na	na	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	na	na	na	na
F29	Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na
F29a	Antiviral Usage Assessment for Blood Draw	na	na	na	na	na	na	na	na	10/1/1999	na
F29r	Blood Specimen Collection Form - New Recruits	na	na	na	na	na	na	na	na	na	na
F31a*	Hair Color, Texture and Treatment History	na	na	na	na	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na	na	na	na	na
HX	Family and Personal Medical History	na	na	na	na	na	na	na	na	na	na
INT*	Interim Events Form	na	na	na	na	na	na	4/1/1999	na	10/1/1999	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	na	na	na	na	na	na
MSKSCR	Musculoskeletal Substudy Screening Form	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	na	na	na	na	na	na	na	na
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	na	na	na	na	na	na	na	na	na	na
NC02b	Spanish Word List (WAT)	na	na	na	na	na	na	na	na	na	na
NC03	Educational Experience	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		BASELINE	PRE-VISIT 9	VISIT 9	VISIT 10	VISIT 11
SPANISH VERSIONS (continued)						
NI01*	NIDA Health Care Utilization Interview	na na	11/1/1996c na	10/1/1998a na	10/1/98a na	10/1/1998b na
NP01	Neuropathy Signs and Symptoms - baseline	na na	na na	na na	na na	na na
NP02	Neuropathy Signs and Symptoms - follow up	na na	na na	na na	na na	na na
OP02*	Oral Interview	3/1/1995 na	3/1/1995 na	10/1/1998 na	10/1/1998 na	10/1/1998 na
PAQ	Physical Activity Questionnaire	na na	na na	na na	na na	na na
PBM	Performance-based Measurements	na na	na na	na na	na na	na na
PK02*	PK: Current Antiretroviral Medication Use	na na	na na	na na	na na	na na
PK02a*	PK: Antiretroviral Adherence	na na	na na	na na	na na	na na
PK03*	PK: Recent Illnesses, Concurrent Meds & OB/GYN History	na na	na na	na na	na na	na na
PK04*	PK: Recent Substance Use	na na	na na	na na	na na	na na
PK08*	PK: Dietary Fat Percentage Questionnaire	na na	na na	na na	na na	na na
PMU	Pain Medication Use Questionnaire	na na	na na	na na	na na	na na
PMU02	Follow-up Pain Medication Use Questionnaire	na na	na na	na na	na na	na na
PQBL*	Baseline Pulmonary Questionnaire	na na	na na	na na	na na	na na
PQ02*	Follow-up Pulmonary Questionnaire	na na	na na	na na	na na	na na
PREP*	HIV Prevention Technologies	na na	na na	na na	na na	na na
PTSD*	Civilian Post-Traumatic Stress Disorder Questionnaire	na na	na na	na na	na na	na na
RACE	Ethnicity and Race Questionnaire	na na	na na	na na	na na	na na
SDCQ	San Diego Claudication Questionnaire	na na	na na	na na	na na	na na
SCR	New Recruit Sreening Form	na na	na na	na na	na na	na na
SSSCR*	SS: Sex steroid Screening Form	na na	na na	na na	na na	na na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 12		VISIT 13		VISIT 14		VISIT 15		VISIT 16	
FOLLOW-UP INTERVIEW/EXAM FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ABI	Arterial Brachial Index Measurement Form	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	4/1/2000a	4/1/2000	10/1/2000	10/1/2000	10/1/2000a	10/1/2000a	10/1/2001	10/1/2001	10/1/2001a	10/1/2001a
DRUG2	Non-antiviral Medications	4/1/1999b	4/1/1999b	10/1/2000a	10/1/2000	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b
DRUG3	Hepatitis Medications	na	na	na	na	na	na	na	na	na	na
DSG	Antiretroviral Dosage	na	na	na	na	na	na	na	na	na	na
F07	Physical Exam	10/1/1999b	10/1/1999	10/1/1999b	10/1/1999b	4/1/2001a	4/1/2000	10/1/2001	10/1/2001	10/1/2001	10/1/2001
F08	Gynecological Exam	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001
F08a	Potential CVL Contaminants	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
F01*/F21	Sociodemographics	10/1/1998b	10/1/1998b	10/1/1998b	10/1/1998b	10/1/1998b	10/1/1998b	10/1/1998b	10/1/1998b	4/1/2002	4/1/2002
F02*/F22*	Medical & Health History (visits 1 - 16)	4/1/2000a	4/1/2000	10/1/2000	10/1/2000	4/1/2001a	4/1/2001	10/1/2001	10/1/2001	10/1/2001b	10/1/2001b
F22HX	Follow-up Health History (visit 17+)	na	na	na	na	na	na	na	na	na	na
F22MED	Medication History (visit 17+)	na	na	na	na	na	na	na	na	na	na
F03*/F23	OB/GYN History	4/1/2000	4/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000a	10/1/2000a	10/1/2000a	10/1/2000a
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	4/1/2000a	4/1/2000a	4/1/2000a	4/1/2000a	4/1/2000a	4/1/2000a	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a
F24BEH	Alcohol, Drugs & Sexual Behavior (visit 25+)	na	na	na	na	na	na	na	na	na	na
F05*/F25	Health Care Utilization	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
F25a*	Health Care Utilization Supplement	na	na	10/1/1998a	10/1/1998a	na	na	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/1/1998c	10/1/1998b	na	na	10/1/1998d	10/1/1998d	10/1/1998d	10/1/1998d	10/1/1998d	10/1/1998d
HX	Family and Personal Medical History	na	na	na	na	na	na	10/1/2001	10/1/2001	10/1/2001b	10/1/2001b
NP01	Neuropathy Signs and Symptoms - baseline	na	na	na	na	na	na	na	na	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	na	na	na	na	na	na
SDCQ	San Deigo Claudication Questionnaire	na	na	na	na	na	na	na	na	na	na

MISCELLANEOUS SUBSTUDY FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Survey	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
F23a*	Fertility and Infertility History	na	na	na	na	4/1/2001a	4/1/2001a	na	na	na	na
F25b*	Mental Health Care Utilization	na	na	na	na	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na	na	na	na	na
MINOTI*	Mucosal Immunity Notification Form	na	na	na	na	na	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na	na	na	na	na	na
TRUST*	Opinions about Health System and HIV/AIDS	na	na	na	na	na	na	na	na	na	na

SPECIMEN COLLECTION FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
F10*	Plasma & Cell Separation and Freezing	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994
F09*/F29	Blood Specimen Collection Form	4/1/2000	4/1/2000	10/1/2000	10/1/2000	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001
F29a	Antiviral Usage Assessment for Blood Draw	10/1/1999b	10/1/1999b	10/1/2000	10/1/2000	10/1/2000a	10/1/2000a	10/1/2001	10/1/2001	10/1/2001a	10/1/2001
F11*/F31	Specimens Collected During PE	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000
F31a*	Hair Color, Texture and Treatment History	na	na	na	na	na	na	na	na	na	na
L20	Repository Specimen Processing	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

LOCAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
L01	HIV ELISA and Western Blot	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
L02	Serum Antibody Tests - Hepatitis	na	na	na	na	na	na	8/15/1994	na	8/15/1994	na
L03	Automated CBC/Differential	8/15/1994a	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
L03a	Hand-Manual Differential	8/15/1994	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
L04	Flow Cytometry	10/1/1998b	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
L05	Liver/Renal Function Tests	na	na	8/15/1994c	na	8/15/1994c	na	8/15/1994c	na	4/1/2002	na
L06	Serum Antibody Tests - Syphilis Screening	na	na	na	na	na	na	10/1/2001	na	10/1/2001	na
L07*	Mantoux Skin Test Result Anergy Panel	na	na	na	na	na	na	na	na	na	na
L08*	PPD Skin Test	na	na	10/1/1999	na	na	na	10/1/1999	na	10/1/1999	na
L09	Chlamydia	na	na	na	na	na	na	10/1/2002	na	10/1/2002	na
L10	Urinalysis	na	na	na	na	na	na	na	na	na	na
L11*	Urine Culture Results	na	na	na	na	na	na	na	na	na	na
L12*	(Urine) Pregnancy Test	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na
L13	Gonorrhea	na	na	na	na	na	na	10/1/2002	na	10/1/2002	na
L14	Colposcopy Results	4/1/2000	4/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000
L15	Biopsy Histopathology Pelvic Exam	4/1/1999a	4/1/1999	4/1/1999a	4/1/1999	4/1/1999a	4/1/1999	4/1/1999a	4/1/1999	4/1/1999a	4/1/1999
L16	Dysplasia Treatment	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997
L17*	Herpes Culture of Ulcers and Fissures	na	na	na	na	na	na	10/15/1994d	na	10/15/1994d	na
L18	Trichomonas Vaginalis Culture (optional)	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
L19*	CVL Processing	10/1/1999	na	10/1/1999	na	10/1/1999	na	10/1/2001	na	10/1/2001	na
CENTRAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
C30*	Toxoplasma Serology	na	na	na	na	na	na	na	na	na	na
C31*	Human Retrovirus Testing	na	na	na	na	na	na	4/1/1995c	na	4/1/1995c	na
C45	Bacterial Vaginosis Smear Gram Stain	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C50*	Urine for Chlamydia	na	na	8/15/1994	na	na	na	8/15/1994	na	8/15/1994	na
C52	HPV by PCR	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na
C54	Viral Load	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na
C60	Pap Smear	4/1/1999	na	4/1/1999	na	4/1/1999	na	4/1/1999	na	4/1/2002	na
C60a*	Pap Smear Retrospective Re-Read v1-15	na	na	na	na	na	na	na	na	na	na
C60b*	Pap Smear Retrospective Re-Read v16	na	na	na	na	na	na	na	na	na	na
C65*	Syphilis DFA - Genital Ulcers & Fissure	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C66*	Serum Antibody Type-Specific Herpes Serology	na	na	na	na	na	na	1/6/1997	na	1/6/1997	na
C70*	Laboratory - Stimulated Saliva Evaluation	10/15/1996a	na	10/15/1996a	na	10/15/1996a	na	10/15/1996a	na	10/15/1996a	na
C71*	Laboratory - Subgingival Plaque	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na
C72*	Laboratory - Erythematous Candidiasis Smear Results	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na
ADMINISTRATIVE FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	4/1/2000	na	4/1/2000	na	4/1/2000	na	10/1/2001	na	10/1/2001	na
ANTHRO	Anthropometry Training Form	na	na	na	na	na	na	na	na	na	na
COLPO	Colposcopy Tracking Form	na	na	na	na	na	na	na	na	na	na
CONS	Consent Status Tracking Form	na	na	na	na	na	na	na	na	na	na
CRST*	Central Repository Shipment Tracking	na	na	na	na	na	na	na	na	na	na
DDE	Direct Data Entry Form	na	na	na	na	na	na	na	na	na	na
DENR	Disenrollment Form	4/1/1999c	4/1/1999c	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000
INT*	Interim Events Form	10/1/1999	na	10/1/2000	na	10/1/2000a	na	10/1/2000a	na	10/1/2000a	na
MVIS	Missed Visit Form	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
NRREF	New Recruit - Referral Checklist	na	na	na	na	na	na	na	na	na	na
REF	Referral Checklist	4/1/2000	na	4/1/2000	na	4/1/2000	na	10/1/2001	na	4/1/2002	na
TRANS	Transfer Form	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/2001	10/1/2001	10/1/2001	10/1/2001

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OUTCOMES ASCERTAINMENT FORMS											
Form#	Title	VISIT 12		VISIT 13		VISIT 14		VISIT 15		VISIT 16	
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ACS*	Ascertainment Control Sheet	na	4/1/1999b	na	4/1/1999c	na	4/1/1999c	na	4/1/1999c	na	4/1/1999c
ACSR ATC*	ACSR Ascertainment Tracking Checklist	4/1/1999	na	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na
ATC	Ascertainment Tracking Checklist	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
CNCR	Cancer Registry Case Report	5/20/1999	5/20/1999	5/20/1999	5/20/1999	5/20/1999a	5/20/1999a	5/20/1999a	5/20/1999a	5/20/1999a	5/20/1999a
CORE	Clinical Outcomes Reporting Form	4/1/1999c	4/1/1999e	10/1/2000	10/1/2000	4/1/2001	4/1/2001a	4/1/2001	4/1/2001a	4/1/2001a	4/1/2001a
QCCD	QC Review of Cancer Diagnoses	na	na	na	na	na	na	na	na	na	na
QCGY	QC Review of Gynecologic Material	na	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
QCHS*	Hysterectomy Abstraction Form	na	na	na	na	na	na	na	na	na	na
QCLB	Liver Biopsy Abstraction Form	na	na	na	na	na	na	na	na	na	na
QCSS	QC Central Review of Surgical Specimens	na	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
TB	TB - Verified Case Report	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999
VAC*	Vaccination History Form	na	na	na	na	na	na	na	na	na	na

CARDIOVASCULAR SUBSTUDY FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
CVNOTI*	Participant Notification	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	na	na	na	na	na	na	na	na	na	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na

HHV-8 SUBSTUDY FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
HVDENR*	Disenrollment	4/1/1999	na	na	na	na	na	4/1/1999	na	4/1/1999	na
HVMVIS*	Missed Visit	4/1/1999	na	na	na	na	na	4/1/1999	na	4/1/1999	na
HVNOTI*	Recruitment Outcome Form	4/1/1999	na	na	na	na	na	4/1/1999	na	4/1/1999	na
HVSPEC*	Specimen Collection	4/1/1999	na	na	na	na	na	4/1/1999	na	4/1/1999	na

INTENSIVE PK SUBSTUDY FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
PK01*	Eligibility for Intensive PK Substudy	na	na	na	na	na	na	na	na	na	na
PKNOTI*	PK: Participant notification	na	na	na	na	na	na	na	na	na	na
PK02*	PK: Current Antiretroviral medication use	na	na	na	na	na	na	na	na	na	na
PK02a*	PK: Antiretroviral adherence	na	na	na	na	na	na	na	na	na	na
PK03*	PK: Recent illnesses, concurrent meds & OB/GYN hist	na	na	na	na	na	na	na	na	na	na
PK04*	PK: Recent substance use	na	na	na	na	na	na	na	na	na	na
PK05a*	PK: Weight and Specimen collection: group A	na	na	na	na	na	na	na	na	na	na
PK05b*	PK: Weight and Specimen collection: group B	na	na	na	na	na	na	na	na	na	na
PK05c*	PK: Weight and Specimen collection: group C	na	na	na	na	na	na	na	na	na	na
PK06*	PK: Dosing of antiretroviral medications	na	na	na	na	na	na	na	na	na	na
PK07*	PK: Plasma Separation and Freezing Form	na	na	na	na	na	na	na	na	na	na
PK08*	PK: Dietary Fat Percentage Questionnaire	na	na	na	na	na	na	na	na	na	na
PK-DIET*	PK: Dietary Assessment	na	na	na	na	na	na	na	na	na	na

MALT / GALT SUBSTUDY FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
MG01	Pre-Eligibility (complete after core)	na	na	na	na	na	na	na	na	na	na
MG02	Pre-Eligibility (complete by study coordinator)	na	na	na	na	na	na	na	na	na	na
MG03	Screening Visit	na	na	na	na	na	na	na	na	na	na
MG04	Notification of Enrollment (NOTI)	na	na	na	na	na	na	na	na	na	na
MG05	Colonoscopy/EMB Preparation Checklist/Worksheet	na	na	na	na	na	na	na	na	na	na
MG06	Colonoscopy Procedure Form	na	na	na	na	na	na	na	na	na	na
MG07	Endometrial & Endocervical Biopsy Procedure Form	na	na	na	na	na	na	na	na	na	na
MG08*	Biopsy Specimen Tracking Form	na	na	na	na	na	na	na	na	na	na
MG08a	Biopsy Specimen Tracking Form (Colonoscopy)	na	na	na	na	na	na	na	na	na	na
MG08b	Biopsy Specimen Tracking Form (Endometrial)	na	na	na	na	na	na	na	na	na	na
MG09	Serum Progesterone and Colonocopy Reports	na	na	na	na	na	na	na	na	na	na

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NEUROCOGNITION AND AGING FORMS											
		VISIT 12		VISIT 13		VISIT 14		VISIT 15		VISIT 16	
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
BLSA*	Baltimore Longitudinal Study of Aging	na	na	na	na	na	na	na	na	na	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
IADL-LF	Instrumental Activities of Daily Living - Long Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	na	na	na	na	na	na
NC01a	Cognitive Measures (Standard TMT and SDMT)	na	na	na	na	na	na	na	na	na	na
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC01b*	Cognitive Measures (Color TMT)	na	na	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	na	na	na	na	na	na	na	na	na	na
NC03	Educational Experience	na	na	na	na	na	na	na	na	na	na
NC04	Wechsler Test of Adult Reading (WTAR)	na	na	na	na	na	na	na	na	na	na
NC05	Interviewer Feedback	na	na	na	na	na	na	na	na	na	na
NC06	Hopkins Verbal Learning Test-Revised	na	na	na	na	na	na	na	na	na	na
NC07	Stroop Test	na	na	na	na	na	na	na	na	na	na
NC08	Verbal Fluency	na	na	na	na	na	na	na	na	na	na
NC09	Letter Number Span	na	na	na	na	na	na	na	na	na	na
NC10	Grooved Pegboard	na	na	na	na	na	na	na	na	na	na
PAQ	Physical Activity Questionnaire	na	na	na	na	na	na	na	na	na	na
PBM	Functional Performance Tests	na	na	na	na	na	na	na	na	na	na
PTSD	Stress Assessment Questionnaire	na	na	na	na	na	na	na	na	na	na

NIDA I/V AND HCU											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
NI01*	Health Care Utilization Collaborative WIHS/HERS Interview	10/1/1998a	10/1/1998a	na	na	na	na	na	na	na	na
NI02*	General Abstraction	na	na	na	na	na	na	na	na	na	na
NI03*	Pneumonia Abstraction	na	na	na	na	na	na	na	na	na	na
NI04*	Pneumonia Episode Abstraction	na	na	na	na	na	na	na	na	na	na
NI05*	Diarrhea Abstraction	na	na	na	na	na	na	na	na	na	na
NVNOTI*	Participant Notification	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na
NV01*	Enrollment Interview	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997	11/15/1997
NV02*	Antiretroviral Drug Use	na	na	na	na	na	na	na	na	na	na
NV03*	Specimen Collection	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
NV04*	Specimen Processing	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na
NV05*	Flow Cytometry	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na	11/15/1997	na
NV06*	RNA Quantification on CVL	na	na	na	na	na	na	na	na	na	na
NV07*	Urine Toxicology	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na

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ORAL PROTOCOL FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
OPNOTI*	Oral Protocol Participant Notification (expansion)	na	na	na	na	na	na	10/1/2001	na	10/1/2001	na
OP01*	Medical Evaluation	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
OP02*	Research Interview	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP03*	Saliva Sample Collection	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a
OP04*	Oral Mucosal Tissue Exam	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000	4/1/2000
OP04a*	Addendum	10/1/1998a	na	10/1/1998a	na	10/1/1998a	na	10/1/1998a	na	10/1/1998a	na
OP05*	Smear Results	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP06*	Tooth Count & Random Half Mouth	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP07*	Plaque Index	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP08*	Gingival Banding Score	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP09*	Papillary Assessment	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP10*	Subgingival Plaque	10/1/1998	10/1/1998a	10/1/1998	10/1/1998a	10/1/1998	10/1/1998a	10/1/1998	10/1/1998a	10/1/1998	10/1/1998a
OP11*	Coronal Caries	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998
OP12*	Root Caries	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998
OP13*	Gingival Bleeding	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998
OP14*	Loss of Attachment	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998
OP15*	Dental Prostheses	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998
OP16*	Oral Referral and F/U	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a

PREGNANCY PROTOCOL FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
PRNOTI*	Enrollment	10/1/1999	na	10/1/1999	na	10/1/1999	na	10/1/1999	na	10/1/1999	na
PR01*	Pregnancy Form	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999b
PR02*	Post-partum Form	4/1/1999d	4/1/1999c	4/1/1999d	4/1/1999c	4/1/1999d	4/1/1999c	4/1/1999d	4/1/1999c	4/1/1999d	4/1/1999c

PROSPECTIVE METABOLIC (MS) AND MUCKULOSKELETAL (MSK) SUB											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
MSKSCR	MSK: Screening form	na	na	na	na	na	na	na	na	na	na
MSSCR*	MS: Screening form	na	na	na	na	na	na	na	na	na	na
MSKNOTI	MSK: Participant notification	na	na	na	na	na	na	na	na	na	na
MSNOTI*	MS: Participant notification	na	na	na	na	na	na	na	na	na	na
MSK01	MSK: Participant Data Log DXA/VFA	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	na	na	na	na	na	na	na	na
MSK02	MSK: Participant Data Log QCT	na	na	na	na	na	na	na	na	na	na
MS02*	MS: Lab test report form	na	na	na	na	na	na	na	na	na	na
MS03*	MS: Participant Data Log	na	na	na	na	na	na	na	na	na	na

PULMONARY SUBSTUDY FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	na	na	na	na	na	na

SEX STEROID SUBSTUDY FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
SSSCR*	SS: Sex steroid screening form	na	na	na	na	na	na	na	na	na	na
SSNOTI*	SS: Participant notification	na	na	na	na	na	na	na	na	na	na
SS01*	SS: Sex steroid lab test report form	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

VRS SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>VISIT 12</i>		<i>VISIT 13</i>		<i>VISIT 14</i>		<i>VISIT 15</i>		<i>VISIT 16</i>	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
VRSNOTI*	VRS Enrollment Form	na	na	10/1/2000	na	10/1/2000	na	na	na	na	na
VRS01 *	Stage II Eligibility	na	na	10/1/2000	10/1/2000	na	na	na	na	na	na
VRS01r*	VRS Eligibility for VRS Supplement	na	na	na	na	na	na	na	na	na	na
VRS03*	VRS Illnesses and Medications	na	na	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000
VRS04*	VRS Antiviral Medications	na	na	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a
VRS05*	VRS Screening to Determine Changes in HAART Regimen	na	na	10/1/2000	10/1/2000	4/1/2001	4/1/2001	4/1/2001a	4/1/2001a	4/1/2001a	4/1/2001a
VRS06*	VRS Telephone Interview for Medical Providers	na	na	10/1/2000	10/1/2000	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b
VRS06r*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	6/1/2002	6/1/2002
VRS10*	VRS Plasma Separation and Freezing	na	na	1/12/2000	1/12/2000	1/12/2000	1/12/2000	1/12/2000	1/12/2000	1/12/2000	1/12/2000
VRS29*	VRS Blood Specimen Collection Form	na	na	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000	10/1/2000

EXPANSION FORMS											
<i>Form#</i>	<i>Title</i>	<i>VISIT 12</i>		<i>VISIT 13</i>		<i>VISIT 14</i>		<i>VISIT 15</i>		<i>VISIT 16</i>	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
EL	New Recruit Eligibility Form	na	na	na	na	na	na	10/1/2001a	10/1/2001	10/12001a	10/1/2001
F7r	Physical Exam Addendum	na	na	na	na	na	na	10/1/2001	10/1/2001	10/1/2001	10/1/2001
F20	New Recruit Baseline History	na	na	na	na	na	na	10/1/2001	10/1/2001	4/1/2002	4/1/2002
F20a*	New Recruit Baseline History: Addendum	na	na	na	na	na	na	1/1/2002	1/1/2002	1/1/2002	1/1/2002
F22r*	New Recruit ART History	na	na	na	na	na	na	na	na	4/1/2002a	4/1/2002a
F26r	History of Abuse	na	na	na	na	na	na	na	na	na	na
F29r	Blood Specimen Collection Form	na	na	na	na	na	na	10/1/2001	na	10/1/2001	na
F31r	Specimens Collected During PE	na	na	na	na	na	na	10/1/2001a	na	10/1/2001a	na
RAB	Retrospective Medical Record Abstraction	na	na	na	na	na	na	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a
RAB App	Retrospective Medical Record Abstraction Appendix	na	na	na	na	na	na	10/1/2001a	na	10/1/2001a	na
SCR	New Recruit Sreening Form	na	na	na	na	na	na	10/1/2001b	10/1/2001b	10/1/2001b	10/1/2001b

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

SPANISH VERSIONS		VISIT 12		VISIT 13		VISIT 14		VISIT 15		VISIT 16	
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	4/1/2000	na	4/1/2000	na	4/1/2000	na	10/1/2001	na	10/1/2001	na
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Questionnaire	na	na	na	na	na	na	na	na	na	na
BLSA*	Baltimore Longitudinal Study of Aging Questions	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	na	na	na	na	na	na	na	na	na	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	4/1/2000a	na	10/1/2000	na	10/1/2000a	na	10/1/2001	na	10/1/2001a	na
DRUG2	Non-antiviral Medications	4/1/1999b	na	10/1/2000a	na	10/1/2000b	na	10/1/2000b	na	10/1/2000b	na
DRUG3	Hepatitis Medications	na	na	na	na	na	na	na	na	na	na
F07	Physical Exam	10/1/1999b	na	10/1/1999b	na	4/1/2001a	na	10/1/2001	na	10/1/2001	na
F20	New Recruit Baseline History (Spanish)	na	na	na	na	na	na	10/1/2001	na	4/1/2002	na
F20a*	New Recruit Baseline History: Addendum (Spanish)	na	na	na	na	na	na	1/1/2002	na	1/1/2002	na
F01*/F21	Sociodemographics	10/1/1998c	na	10/1/1998c	na	10/1/1998c	na	10/1/1998c	na	4/1/2002	na
F02*/F22*	Medical & Health History	4/1/2000a	na	10/1/2000	na	4/1/2001a	na	10/1/2001	na	10/1/2001b	na
F22HX	Follow-up Health History	na	na	na	na	na	na	na	na	na	na
F22MED	Medication History	na	na	na	na	na	na	na	na	na	na
F22r *	New Recruit ART History	na	na	na	na	na	na	na	na	4/1/2002a	4/1/2002a
F03*/F23	OB/GYN History	4/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000a	na	10/1/2000a	na
F23a*	Fertility and Infertility History	na	na	na	na	4/1/2001a	na	na	na	na	na
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	4/1/2000a	na	4/1/2000a	na	4/1/2000a	na	10/1/2001a	na	10/1/2001a	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visits 25+)	na	na	na	na	na	na	na	na	na	na
F05*/F25	Health Care Utilization	10/1/1998b	na	10/1/1998b	na	10/1/1998b	na	10/1/1998b	na	10/1/1998b	na
F25a*	Health Care Utilization Supplement	na	na	10/1/1998a	na	na	na	10/1/1998a	na	10/1/1998a	na
F25b*	Mental Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/1/1998c	na	na	na	10/1/1998d	na	10/1/1998d	na	10/1/1998d	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	na	na	na	na
F29	Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na
F29a	Antiviral Usage Assessment for Blood Draw	10/1/1999b	na	10/1/2000	na	10/1/2000	na	10/1/2001	na	10/1/2001a	na
F29r	Blood Specimen Collection Form - New Recruits	na	na	na	na	na	na	na	na	na	na
F31a*	Hair Color, Texture and Treatment History	na	na	na	na	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na	na	na	na	na
HX	Family and Personal Medical History	na	na	na	na	na	na	10/1/2001	na	10/1/2001b	na
INT*	Interim Events Form	10/1/1999	na	10/1/2000	na	10/1/2000a	na	10/1/2000b	na	10/1/2000b	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	na	na	na	na	na	na
MSKSCR	Musculoskeletal Substudy Screening Form	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	na	na	na	na	na	na	na	na
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	na	na	na	na	na	na	na	na	na	na
NC02b	Spanish Word List (WAT)	na	na	na	na	na	na	na	na	na	na
NC03	Educational Experience	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 12	VISIT 13	VISIT 14	VISIT 15	VISIT 16
SPANISH VERSIONS (continued)						
NI01*	NIDA Health Care Utilization Interview	10/1/1998b	na	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	na	na	na	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	na
OP02*	Oral Interview	10/1/1998	na	10/1/1998	na	10/1/1998
PAQ	Physical Activity Questionnaire	na	na	na	na	na
PBM	Performance-based Measurements	na	na	na	na	na
PK02*	PK: Current Antiretroviral Medication Use	na	na	na	na	na
PK02a*	PK: Antiretroviral Adherence	na	na	na	na	na
PK03*	PK: Recent Illnesses, Concurrent Meds & OB/GYN History	na	na	na	na	na
PK04*	PK: Recent Substance Use	na	na	na	na	na
PK08*	PK: Dietary Fat Percentage Questionnaire	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na
PTSD*	Civilian Post-Traumatic Stress Disorder Questionnaire	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na
SDCQ	San Diego Claudication Questionnaire	na	na	na	na	na
SCR	New Recruit Sreening Form	na	na	na	na	10/1/2001
SSSCR*	SS: Sex steroid Screening Form	na	na	na	na	10/1/2001

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

FOLLOW-UP INTERVIEW/EXAM FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>	
ABI	Arterial Brachial Index Measurement Form	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/1/2002a	10/1/2002	4/1/2003	4/1/2003	4/1/2003a	4/1/2003a	4/1/2004	4/1/2004	10/1/2004	10/1/2004
DRUG2	Non-antiviral Medications	10/1/2000b	10/1/2000b	10/1/2000c	10/1/2000c	10/1/2003	10/1/2003	4/1/2004	4/1/2004	10/1/2004	10/1/2004
DRUG3	Hepatitis Medications	10/1/2002a	10/1/2002	4/1/2003a	4/1/2003	4/1/2003b	4/1/2003b	4/1/2004a	4/1/2004	10/1/2004	10/1/2004
DSG	Antiretroviral Dosage	na	na	na	na	na	na	na	na	na	na
F07	Physical Exam	10/1/2002	10/1/2002a	4/1/2003	4/1/2003	10/1/2003	10/1/2003	10/1/2003b	10/1/2003b	10/1/2004	10/1/2004
F08	Gynecological Exam	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001	10/1/2004	10/1/2004
F08a	Potential CVL Contaminants	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
F01*/F21	Sociodemographics	10/1/2002	10/1/2002	10/1/2002	10/1/2002	10/1/2002	10/1/2002	10/1/2002	10/1/2002	10/1/2002	10/1/2002
F02*/F22*	Medical & Health History (visits 1 - 16)	na	na	na	na	na	na	na	na	na	na
F22HX	Follow-up Health History (visit 17+)	10/1/2002a	10/1/2002	4/1/2003a	4/1/2003	10/1/2003a	10/1/2003	4/1/2004	4/1/2004	10/1/2004	10/1/2004
F22MED	Medication History (visit 17+)	10/1/2002	10/1/2002a	4/1/2003a	4/1/2003	10/1/2003	10/1/2003	4/1/2004	4/1/2004	10/1/2004a	10/1/2004
F03*/F23	OB/GYN History	10/1/2002	10/1/2002	4/1/2003b	4/1/2003	10/1/2003	10/1/2003	4/1/2004a	4/1/2004	10/1/2004	10/1/2004
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	10/1/2002	10/1/2002	4/1/2003	4/1/2003	10/1/2003a	10/1/2003	4/1/2004	4/1/2004	10/1/2004	10/1/2004
F24BEH	Alcohol, Drugs & Sexual Behavior (visit 25+)	na	na	na	na	na	na	na	na	na	na
F05*/F25	Health Care Utilization	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	4/1/2004	4/1/2004	10/1/2004	10/1/2004
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/1/1998d	10/1/1998d	10/1/1998d	10/1/1998d	10/1/2003	10/1/2003	10/1/2003	10/1/2003	10/1/2003	10/1/2003
HX	Family and Personal Medical History	na	na	na	na	na	na	na	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	na	na	na	na	na	na	na	na	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	na	na	na	na	na	na
SDCQ	San Deigo Claudication Questionnaire	na	na	na	na	na	na	na	na	na	na

MISCELLANEOUS SUBSTUDY FORMS

<i>Form#</i>	<i>Title</i>	<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>	
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Survey	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization	na	na	na	na	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na	na	na	na	na
MINOTI*	Mucosal Immunity Notificaiton Form	na	na	na	na	na	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na	na	na	na	na	na
TRUST*	Opinions about Health System and HIV/AIDS	na	na	na	na	na	na	na	na	na	na

SPECIMEN COLLECTION FORMS

<i>Form#</i>	<i>Title</i>	<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>		<i>Form QxQ</i>	
F10*	Plasma & Cell Separation and Freezing	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994
F09*/F29	Blood Specimen Collection Form	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/1/2001	4/2/2004	4/2/2004	4/2/2004a	4/2/2004a
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2002	10/1/2002	4/1/2003	4/1/2003	4/1/2003a	4/1/2003a	4/1/2004	4/1/2004	10/1/2004	10/1/2004
F11*/F31	Specimens Collected During PE	10/1/2002	10/1/2002	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2004	4/1/2004	10/1/2004	10/1/2004
F31a*	Hair Color, Texture and Treatment History	na	na	na	na	na	na	na	na	na	na
L20	Repository Specimen Processing	na	na	na	na	na	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

LOCAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
L01	HIV ELISA and Western Blot	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
L02	Serum Antibody Tests - Hepatitis	na	na	na	na	na	na	na	na	na	na
L03	Automated CBC/Differential	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2004	na
L03a	Hand-Manual Differential	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2004	na
L04	Flow Cytometry	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2004	na
L05	Liver/Renal Function Tests	10/1/2002	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
L06	Serum Antibody Tests - Syphilis Screening	na	na	na	na	na	na	na	na	na	na
L07*	Mantoux Skin Test Result Anergy Panel	na	na	na	na	na	na	na	na	na	na
L08*	PPD Skin Test	10/1/1999	na	na	na	na	na	na	na	na	na
L09	Chlamydia	na	na	na	na	na	na	na	na	na	na
L10	Urinalysis	na	na	na	na	na	na	na	na	na	na
L11*	Urine Culture Results	8/15/1994	na	8/15/1994	na	na	na	na	na	na	na
L12*	(Urine) Pregnancy Test	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na
L13	Gonorrhea	na	na	na	na	na	na	na	na	na	na
L14	Colposcopy Results	10/1/2002	10/1/2002	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a
L15	Biopsy Histopathology Pelvic Exam	10/1/2002	10/1/2002	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003
L16	Dysplasia Treatment	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997
L17*	Herpes Culture of Ulcers and Fissures	na	na	na	na	na	na	na	na	na	na
L18	Trichomonas Vaginalis Culture (optional)	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
L19*	CVL Processing	10/1/2001	na	10/1/2001	na	10/1/2001	na	10/1/2001	na	10/1/2001	na
CENTRAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
C30*	Toxoplasma Serology	na	na	na	na	na	na	na	na	na	na
C31*	Human Retrovirus Testing	na	na	na	na	na	na	na	na	na	na
C45	Bacterial Vaginosis Smear Gram Stain	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C50*	Urine for Chlamydia	na	na	na	na	na	na	na	na	na	na
C52	HPV by PCR	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na
C54	Viral Load	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na
C60	Pap Smear	4/1/2002	na	4/1/2002	na	4/1/2002	na	4/1/2002	na	4/1/2002	na
C60a*	Pap Smear Retrospective Re-Read v1-15	na	na	na	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
C60b*	Pap Smear Retrospective Re-Read v16	na	na	na	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
C65*	Syphilis DFA - Genital Ulcers & Fissure	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C66*	Serum Antibody Type-Specific Herpes Serology	na	na	na	na	na	na	na	na	na	na
C70*	Laboratory - Stimulated Saliva Evaluation	10/15/1996a	na	10/15/1996a	na	10/15/1996a	na	10/15/1996a	na	na	na
C71*	Laboratory - Subgingival Plaque	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	na	na
C72*	Laboratory - Erythematous Candidiasis Smear Results	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	4/1/1999a	na	na	na
ADMINISTRATIVE FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	10/1/2001	na	10/1/2001a	na	10/1/2001a	na	10/1/2001a	na	10/1/2001a	na
ANTHRO	Anthropometry Training Form	10/1/2002	na	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na
COLPO	Colposcopy Tracking Form	na	na	na	na	na	na	na	na	na	na
CONS	Consent Status Tracking Form	na	na	na	na	na	na	na	na	na	na
CRST*	Central Repository Shipment Tracking	na	na	na	na	na	na	na	na	na	na
DDE	Direct Data Entry Form	na	na	na	na	na	na	na	na	na	na
DENR	Disenrollment Form	10/1/2000	10/1/2000	4/1/2003	10/1/2002	4/1/2003	10/1/2002	4/1/2004	4/1/2004	4/1/2004	4/1/2004
INT*	Interim Events Form	10/1/2000b	na	10/1/2000b	na	10/1/2000b	na	10/1/2000b	na	na	na
MVIS	Missed Visit Form	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
NRREF	New Recruit - Referral Checklist	na	na	na	na	na	na	na	na	na	na
REF	Referral Checklist	4/1/2002	na	4/1/2003	na	10/1/2003	na	10/1/2003	na	10/1/2004	na
TRANS	Transfer Form	10/1/2001	10/1/2001	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 17		VISIT 18		VISIT 19		VISIT 20		VISIT 21	
OUTCOMES ASCERTAINMENT FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ACS*	Ascertainment Control Sheet	na	4/1/1999c	na	4/1/1999c	na	4/1/1999c	na	4/1/1999c	na	na
ACSR ATC*	ACSR Ascertainment Tracking Checklist	4/1/1999a	na	4/1/1999b	na	4/1/1999b	na	4/1/1999b	na	4/1/1999b	na
ATC	Ascertainment Tracking Checklist	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/198a	4/1/2004	10/1/1998a	4/1/2004
CNCR	Cancer Registry Case Report	5/20/1999a	5/20/1999a	5/20/1999a	5/20/1999a	5/20/1999a	5/20/1999a	5/20/1999b	5/20/1999b	5/20/1999b	5/20/1999b
CORE	Clinical Outcomes Reporting Form	4/1/2001a	4/1/2001a	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	10/1/2004	10/1/2004
QCCD	QC Review of Cancer Diagnoses	na	na	na	na	na	na	4/1/2004	4/1/2004	4/1/2004	4/1/2004
QCGY	QC Review of Gynecologic Material	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
QCHS*	Hysterectomy Abstraction Form	na	na	na	na	na	na	na	na	na	na
QCLB	Liver Biopsy Abstraction Form	na	na	na	na	na	na	na	na	na	na
QCSS	QC Central Review of Surgical Specimens	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
TB	TB - Verified Case Report	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999
VAC*	Vaccination History Form	na	na	na	na	na	na	na	na	na	na

CARDIOVASCULAR SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
CVNOTI*	Participant Notification	na	na	na	na	na	na	4/1/2004a	4/1/2004a	4/1/2004a	4/1/2004a
CV01*	Carotid Ultrasound Tracking Form	na	na	na	na	na	na	4/1/2004b	4/1/2004	10/1/2004	10/1/2004
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na	4/2/2004	4/2/2004	10/14/2004	10/14/2004

HHV-8 SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
HVDENR*	Disenrollment	na	na	na	na	na	na	na	na	na	na
HVMVIS*	Missed Visit	na	na	na	na	na	na	na	na	na	na
HVNOTI*	Recruitment Outcome Form	na	na	na	na	na	na	na	na	na	na
HVSPEC*	Specimen Collection	na	na	na	na	na	na	na	na	na	na

INTENSIVE PK SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PK01*	Eligibility for Intensive PK Substudy	na	na	4/1/2003	na	4/1/2003	na	4/1/2004	na	4/1/2004	na
PKNOTI*	PK: Participant notification	na	na	4/1/2003	na	4/1/2003	na	4/1/2004	na	4/1/2004	na
PK02*	PK: Current Antiretroviral medication use	na	na	4/1/2003	na	4/1/2003a	na	4/1/2003b	na	10/1/2004	na
PK02a*	PK: Antiretroviral adherence	na	na	4/1/2003	na	4/1/2003	na	4/1/2003a	na	4/1/2003a	na
PK03*	PK: Recent illnesses, concurrent meds & OB/GYN hist	na	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na
PK04*	PK: Recent substance use	na	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
PK05a*	PK: Weight and Specimen collection: group A	na	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na
PK05b*	PK: Weight and Specimen collection: group B	na	na	4/1/2003	na	4/1/2003	na	4/1/2004	na	4/1/2004	na
PK05c*	PK: Weight and Specimen collection: group C	na	na	4/1/2003a	na	4/1/2003a	na	4/1/2004	na	4/1/2004	na
PK06*	PK: Dosing of antiretroviral medications	na	na	4/1/2003	na	10/6/2003	na	10/6/2003b	na	10/1/2004	na
PK07*	PK: Plasma Separation and Freezing Form	na	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
PK08*	PK: Dietary Fat Percentage Questionnaire	na	na	5/14/2003	na	5/14/2003a	na	5/14/2003a	na	5/14/2003a	na
PK-DIET*	PK: Dietary Assessment	na	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na

MALT / GALT SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
MG01	Pre-Eligibility (complete after core)	na	na	na	na	na	na	na	na	na	na
MG02	Pre-Eligibility (complete by study coordinator)	na	na	na	na	na	na	na	na	na	na
MG03	Screening Visit	na	na	na	na	na	na	na	na	na	na
MG04	Notification of Enrollment (NOTI)	na	na	na	na	na	na	na	na	na	na
MG05	Colonoscopy/EMB Preparation Checklist/Worksheet	na	na	na	na	na	na	na	na	na	na
MG06	Colonoscopy Procedure Form	na	na	na	na	na	na	na	na	na	na
MG07	Endometrial & Endocervical Biopsy Procedure Form	na	na	na	na	na	na	na	na	na	na
MG08*	Biopsy Specimen Tracking Form	na	na	na	na	na	na	na	na	na	na
MG08a	Biopsy Specimen Tracking Form (Colonoscopy)	na	na	na	na	na	na	na	na	na	na
MG08b	Biopsy Specimen Tracking Form (Endometrial)	na	na	na	na	na	na	na	na	na	na
MG09	Serum Progesterone and Colonocopy Reports	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

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NEUROCOGNITION AND AGING FORMS											
		VISIT 17		VISIT 18		VISIT 19		VISIT 20		VISIT 21	
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
BLSA*	Baltimore Longitudinal Study of Aging	na	na	na	na	na	na	na	na	na	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
IADL-LF	Instrumental Activities of Daily Living - Long Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	na	na	na	na	na	na
NC01a	Cognitive Measures (Standard TMT and SDMT)	na	na	na	na	na	na	na	na	10/1/2004b	10/1/2004b
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	10/1/2004	na
NC01b*	Cognitive Measures (Color TMT)	na	na	na	na	na	na	na	na	10/1/2004b	10/1/2004b
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	10/1/2004	na
NC02a	English Word List (WRAT)	na	na	na	na	na	na	na	na	10/1/2004b	10/1/2004b
NC03	Educational Experience	na	na	na	na	na	na	na	na	10/1/2004	10/1/2004
NC04	Wechsler Test of Adult Reading (WTAR)	na	na	na	na	na	na	na	na	na	na
NC05	Interviewer Feedback	na	na	na	na	na	na	na	na	10/11/2004	10/11/2004
NC06	Hopkins Verbal Learning Test-Revised	na	na	na	na	na	na	na	na	na	na
NC07	Stroop Test	na	na	na	na	na	na	na	na	na	na
NC08	Verbal Fluency	na	na	na	na	na	na	na	na	na	na
NC09	Letter Number Span	na	na	na	na	na	na	na	na	na	na
NC10	Grooved Pegboard	na	na	na	na	na	na	na	na	na	na
PAQ	Physical Activity Questionnaire	na	na	na	na	na	na	na	na	na	na
PBM	Functional Performance Tests	na	na	na	na	na	na	na	na	na	na
PTSD	Stress Assessment Questionnaire	na	na	na	na	na	na	na	na	na	na

NIDA I/V AND HCU											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
NI01*	Health Care Utilization Collaborative WIHS/HERS Interview	na	na	na	na	na	na	na	na	na	na
NI02*	General Abstraction	na	na	na	na	na	na	na	na	na	na
NI03*	Pneumonia Abstraction	na	na	na	na	na	na	na	na	na	na
NI04*	Pneumonia Episode Abstraction	na	na	na	na	na	na	na	na	na	na
NI05*	Diarrhea Abstraction	na	na	na	na	na	na	na	na	na	na
NVNOTI*	Participant Notification	na	na	na	na	na	na	na	na	na	na
NV01*	Enrollment Interview	na	na	na	na	na	na	na	na	na	na
NV02*	Antiretroviral Drug Use	na	na	na	na	na	na	na	na	na	na
NV03*	Specimen Collection	na	na	na	na	na	na	na	na	na	na
NV04*	Specimen Processing	na	na	na	na	na	na	na	na	na	na
NV05*	Flow Cytometry	na	na	na	na	na	na	na	na	na	na
NV06*	RNA Quantification on CVL	na	na	na	na	na	na	na	na	na	na
NV07*	Urine Toxicology	na	na	na	na	na	na	na	na	na	na

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		VISIT 17	VISIT 18	VISIT 19	VISIT 20	VISIT 21					
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
OPNOTI*	Oral Protocol Participant Notification (expansion)	na	na	na	na	na	na	na	na	na	na
OP01*	Medical Evaluation	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	4/1/2004	10/1/1998a	na	na
OP02*	Research Interview	10/1/1998	10/1/1998	4/1/2003	4/1/2003	10/1/2003	10/1/2003	10/1/2003	10/1/2003	na	na
OP03*	Saliva Sample Collection	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	na	na
OP04*	Oral Mucosal Tissue Exam	4/1/2000a	4/1/2000	4/1/2000a	4/1/2000	4/1/2000a	4/1/2000	4/1/2000a	4/1/2000a	na	na
OP04a*	Addendum	10/1/1998a	na	10/1/1998a	na	10/1/1998a	na	10/1/1998a	na	na	na
OP05*	Smear Results	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	na	na
OP06*	Tooth Count & Random Half Mouth	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	na	na
OP07*	Plaque Index	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	na	na
OP08*	Gingival Banding Score	10/1/1998	10/1/1998	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	na	na
OP09*	Papillary Assessment	10/1/1998	10/1/1998	4/1/2003	4/1/2003	10/1/2003	10/1/2003	10/1/2003	10/1/2003	na	na
OP10*	Subgingival Plaque	10/1/1998	10/1/1998a	4/1/2003	4/1/2003	10/1/2003	10/1/2003	10/1/2003	10/1/2003	na	na
OP11*	Coronal Caries	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	na	na
OP12*	Root Caries	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	na	na
OP13*	Gingival Bleeding	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	3/1/1995	10/1/1998	na	na
OP14*	Loss of Attachment	3/1/1995	10/1/1998	3/1/1995	4/1/2003	3/1/1995	4/1/2003	3/1/1995	4/1/2003	na	na
OP15*	Dental Prostheses	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	10/1/1998	na	na
OP16*	Oral Referral and F/U	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	4/1/1999a	na	na

Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
PRNOTI*	Enrollment	10/1/1999	na	10/1/1999	na	10/1/1999	na	10/1/1999	na	10/1/1999	na
PR01*	Pregnancy Form	4/1/1999b	4/1/1999b	4/1/1999b	4/1/1999c	4/1/1999b	4/1/1999c	4/1/1999b	4/1/1999b	10/1/2004	10/1/2004
PR02*	Post-partum Form	4/1/1999d	4/1/1999c	4/1/1999d	4/1/1999d	10/1/2003	10/1/2003	10/1/2003	10/1/2003	10/1/2004	10/1/2004

Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
MSKSCR	MSK: Screening form	na	na	na	na	na	na	na	na	na	na
MSSCR*	MS: Screening form	na	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
MSKNOTI	MSK: Participant notification	na	na	na	na	na	na	na	na	na	na
MSNOTI*	MS: Participant notification	na	na	4/1/2003	na	4/1/2003	na	4/1/2003a	na	4/1/2003a	na
MSK01	MSK: Participant Data Log DXA/VFA	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	6/13/2003	na	6/13/2003a	na	6/11/2004	na	6/11/2004a	na
MSK02	MSK: Participant Data Log QCT	na	na	na	na	na	na	na	na	na	na
MS02*	MS: Lab test report form	na	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
MS03*	MS: Participant Data Log	na	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na

Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	na	na	na	na	na	na

Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
SSSCR*	SS: Sex steroid screening form	na	na	4/1/2003a	4/1/2003	4/1/2003a	4/1/2003	4/1/2003b	4/1/2003a	4/1/2003b	4/1/2003a
SSNOTI*	SS: Participant notification	na	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
SS01*	SS: Sex steroid lab test report form	na	na	4/1/2003	na	10/1/2003	na	10/1/2003	na	10/1/2003a	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 17	VISIT 18	VISIT 19	VISIT 20	VISIT 21					
VRS SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
VRSNOTI*	VRS Enrollment Form	na	na	10/1/2000	na	10/1/2000	na	na	na	na	na
VRS01 *	Stage II Eligibility	na	na	na	na	na	na	na	na	na	na
VRS01r*	VRS Eligibility for VRS Supplement	1/1/2002	1/1/2002	1/1/2002	1/1/2002	1/1/2002	1/1/2002	na	na	na	na
VRS03*	VRS Illnesses and Medications	10/1/2002	10/1/2002	10/1/2002	10/1/2002	10/1/2002	10/1/2002	na	na	na	na
VRS04*	VRS Antiviral Medications	10/1/2001a	10/1/2001a	1/1/2002c	1/1/2002c	10/1/2003	10/1/2003	na	na	na	na
VRS05*	VRS Screening to Determine Changes in HAART Regimen	4/1/2001a	4/1/2001a	4/1/2003	4/1/2003	4/1/2003a	10/1/2003	na	na	na	na
VRS06*	VRS Telephone Interview for Medical Providers	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b	10/1/2000b	na	na	na	na
VRS06r*	VRS Telephone Interview for Medical Providers	6/1/2002	6/1/2002	6/1/2002	6/1/2002	6/1/2002	6/1/2002	na	na	na	na
VRS10*	VRS Plasma Separation and Freezing	10/1/2002	1/10/2002	10/1/2002	10/1/2002	10/1/2003	10/1/2003	na	na	na	na
VRS29*	VRS Blood Specimen Collection Form	10/1/2002	10/1/2002	4/1/2003	4/1/2003	10/1/2003	10/1/2003	na	na	na	na

EXPANSION FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
EL	New Recruit Eligibility Form	na	na	na	na	na	na	na	na	na	na
F7r	Physical Exam Addendum	na	na	na	na	na	na	na	na	na	na
F20	New Recruit Baseline History	na	na	na	na	na	na	na	na	na	na
F20a*	New Recruit Baseline History: Addendum	na	na	na	na	na	na	na	na	na	na
F22r*	New Recruit ART History	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	na	na	na	na
F29r	Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na
F31r	Specimens Collected During PE	na	na	na	na	na	na	na	na	na	na
RAB	Retrospective Medical Record Abstraction	na	na	na	na	na	na	na	na	na	na
RAB App	Retrospective Medical Record Abstraction Appendix	na	na	na	na	na	na	na	na	na	na
SCR	New Recruit Sreening Form	na	na	na	na	na	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

SPANISH VERSIONS		VISIT 17		VISIT 18		VISIT 19		VISIT 20		VISIT 21	
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	10/1/2001	na	10/1/2001a	na	10/1/2001a	na	10/1/2001a	na	10/1/2001a	na
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Questionnaire	na	na	na	na	na	na	na	na	na	na
BLSA*	Baltimore Longitudinal Study of Aging Questions	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	na	na	na	na	na	na	4/1/2004b	na	10/1/2004	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na	4/2/2004	na	10/14/2004	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/1/2002a	na	4/1/2003	na	4/1/2003a	na	4/1/2004	na	10/1/2004	na
DRUG2	Non-antiviral Medications	10/1/2000b	na	10/1/2000c	na	10/1/2003	na	4/1/2004	na	10/1/2004	na
DRUG3	Hepatitis Medications	10/1/2002a	na	4/1/2003a	na	4/1/2003b	na	4/1/2004	na	10/1/2004	na
F07	Physical Exam	10/1/2002	na	4/1/2003	na	10/1/2003	na	10/1/2003b	na	10/1/2004	na
F20	New Recruit Baseline History (Spanish)	na	na	na	na	na	na	na	na	na	na
F20a*	New Recruit Baseline History: Addendum (Spanish)	na	na	na	na	na	na	na	na	na	na
F01*/F21	Sociodemographics	10/1/2002	na	10/1/2002	na	10/1/2002	na	10/1/2002	na	10/1/2002	na
F02*/F22*	Medical & Health History	na	na	na	na	na	na	na	na	na	na
F22HX	Follow-up Health History	10/1/2002a	na	4/1/2003a	na	10/1/2003	na	4/1/2004	na	10/1/2004	na
F22MED	Medication History	10/1/2002	na	4/1/2003a	na	10/1/2003	na	4/1/2004	na	10/1/2004	na
F22r *	New Recruit ART History	na	na	na	na	na	na	na	na	na	na
F03*/F23	OB/GYN History	10/1/2002	na	4/1/2003a	na	10/1/2003	na	4/1/2004	na	10/1/2004	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	10/1/2002	na	4/1/2003	na	10/1/2003	na	4/1/2004	na	10/1/2004	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visits 25+)	na	na	na	na	na	na	na	na	na	na
F05*/F25	Health Care Utilization	10/1/1998b	na	10/1/1998b	na	10/1/1998b	na	4/1/2004	na	10/1/2004	na
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/1/1998d	na	10/1/1998d	na	10/1/2003	na	10/1/2003	na	10/1/2003	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	na	na	na	na
F29	Blood Specimen Collection Form	na	na	na	na	na	na	4/2/2004	na	4/2/2004a	na
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2002	na	4/1/2003	na	4/1/2003a	na	4/1/2004	na	10/1/2004	na
F29r	Blood Specimen Collection Form - New Recruits	na	na	na	na	na	na	na	na	na	na
F31a*	Hair Color, Texture and Treatment History	na	na	na	na	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na	na	na	na	na
HX	Family and Personal Medical History	na	na	na	na	na	na	na	na	na	na
INT*	Interim Events Form	10/1/2000c	na	10/1/2000c	na	10/1/2000c	na	10/1/2000c	na	na	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	na	na	na	na	na	na
MSKSCR	Musculoskeletal Substudy Screening Form	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	6/13/2003a	na	6/13/2003a	na	6/11/2004	na	6/11/2004a	na
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	10/1/2004	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	10/1/2004	na
NC02a	English Word List (WRAT)	na	na	na	na	na	na	na	na	10/1/2004b	10/1/2004b
NC02b	Spanish Word List (WAT)	na	na	na	na	na	na	na	na	10/1/2004b	10/1/2004b
NC03	Educational Experience	na	na	na	na	na	na	na	na	10/1/2004	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 17	VISIT 18	VISIT 19	VISIT 20	VISIT 21
SPANISH VERSIONS (continued)						
NI01*	NIDA Health Care Utilization Interview	na	na	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	na	na	na	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	na
OP02*	Oral Interview	10/1/1998	na	10/1/1998	na	10/1/2003
PAQ	Physical Activity Questionnaire	na	na	na	na	na
PBM	Performance-based Measurements	na	na	na	na	na
PK02*	PK: Current Antiretroviral Medication Use	na	na	4/1/2003	na	4/1/2003a
PK02a*	PK: Antiretroviral Adherence	na	na	4/1/2003	na	4/1/2003a
PK03*	PK: Recent Illnesses, Concurrent Meds & OB/GYN History	na	na	4/1/2003	na	4/1/2003a
PK04*	PK: Recent Substance Use	na	na	4/1/2003	na	4/1/2003
PK08*	PK: Dietary Fat Percentage Questionnaire	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na
PTSD*	Civilian Post-Traumatic Stress Disorder Questionnaire	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na
SDCQ	San Diego Claudication Questionnaire	na	na	na	na	na
SCR	New Recruit Sreening Form	na	na	na	na	na
SSSCR*	SS: Sex steroid Screening Form	na	na	4/1/2003a	na	4/1/2003

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

FOLLOW-UP INTERVIEW/EXAM FORMS											
Form#	Title	VISIT 22		VISIT 23		VISIT 24		VISIT 25		VISIT 26	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABI	Arterial Brachial Index Measurement Form	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/1/2004	10/1/2004	10/1/2005	10/1/2005	10/1/2005a	10/1/2005a	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2005b
DRUG2	Non-antiviral Medications	10/1/2004	10/1/2004	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a
DRUG3	Hepatitis Medications	10/1/2004a	10/1/2004a	10/1/2004b	10/1/2004b	10/1/2004b	10/1/2004b	10/1/2004c	10/1/2004b	10/1/2004c	10/1/2004b
DSG	Antiretroviral Dosage	na	na	10/2/2005	10/2/2005	10/2/2005b	10/2/2005a	10/2/2005e	10/2/2005c	10/2/2005e	10/2/2005c
F07	Physical Exam	10/1/2004a	10/1/2004a	10/1/2005	10/1/2005	10/1/2005	10/1/2005a	10/1/2005	10/1/2005a	4/1/2007a	4/1/2007a
F08	Gynecological Exam	10/1/2004	10/1/2004	10/1/2005	10/1/2005	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a
F08a	Potential CVL Contaminants	10/1/1998	na	10/1/2005	na	10/1/2005	na	10/1/2005	na	10/1/2005	na
F01*/F21	Sociodemographics	10/1/2002	10/1/2002	10/1/2005	10/1/2005a	10/1/2005	10/1/2005a	10/1/2005	10/1/2005a	10/1/2005	10/1/2005a
F02*/F22*	Medical & Health History (visits 1 - 16)	na	na	na	na	na	na	na	na	na	na
F22HX	Follow-up Health History (visit 17+)	10/1/2004	10/1/2004	10/1/2005	10/1/2005	4/1/2006	4/1/2006	10/1/2006a	10/1/2006a	4/1/2007a	4/1/2007a
F22MED	Medication History (visit 17+)	10/1/2004c	10/1/2004	10/1/2005	10/1/2005	4/1/2006	4/1/2006	10/1/2006a	10/1/2006	4/1/2007	4/1/2007a
F03*/F23	OB/GYN History	4/1/2005	4/1/2005	10/1/2005a	10/1/2005a	4/2/2006	4/2/2006	10/1/2006	10/1/2006	10/1/2006	10/1/2006
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	10/1/2004	10/1/2004	10/2/2005	10/2/2005	4/12/2006	4/12/2006	na	na	na	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visit 25+)	na	na	na	na	na	na	10/1/2006	10/1/2006	4/1/2007	4/1/2007
F05*/F25	Health Care Utilization	10/1/2004a	10/1/2004a	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	4/1/2005	4/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005a	10/1/2005a	10/1/2005b	10/1/2005b
HX	Family and Personal Medical History	na	na	na	na	na	na	na	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	na	na	na	na	na	na	na	na	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	na	na	na	na	na	na
SDCQ	San Deigo Claudication Questionnaire	na	na	na	na	na	na	na	na	na	na

MISCELLANEOUS SUBSTUDY FORMS

Form#	Title	VISIT 22		VISIT 23		VISIT 24		VISIT 25		VISIT 26	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Survey	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization	na	na	11/8/2005	na	11/8/2005	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	10/1/2006	10/1/2006	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na	na	na	4/1/2007	4/1/2007
MINOTI*	Mucosal Immunity Notificaiton Form	na	na	na	na	na	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na	na	na	na	na	na
TRUST*	Opinions about Health System and HIV/AIDS	na	na	na	na	4/1/2006	4/1/2006	na	na	na	na

SPECIMEN COLLECTION FORMS

Form#	Title	VISIT 22		VISIT 23		VISIT 24		VISIT 25		VISIT 26	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
F10*	Plasma & Cell Separation and Freezing	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994	8/15/1994
F09*/F29	Blood Specimen Collection Form	4/2/2004b	4/2/2004a	10/1/2005	10/1/2005	4/1/2006a	4/1/2006a	4/1/2006a	4/1/2006a	4/1/2006a	4/1/2006a
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2004	10/1/2004	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a
F11*/F31	Specimens Collected During PE	10/1/2004	10/1/2004	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005a	10/1/2005a	10/1/2005b	10/1/2005b
F31a*	Hair Color, Texture and Treatment History	na	na	na	na	na	na	10/1/2006	na	10/1/2006	na
L20	Repository Specimen Processing	na	na	na	na	na	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

LOCAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
L01	HIV ELISA and Western Blot	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na	10/1/1998	na
L02	Serum Antibody Tests - Hepatitis	na	na	na	na	na	na	na	na	na	na
L03	Automated CBC/Differential	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2006	na	10/1/2006	na
L03a	Hand-Manual Differential	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na
L04	Flow Cytometry	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na
L05	Liver/Renal Function Tests	4/1/2003	na	4/1/2003	na	4/1/2006	na	4/1/2006	na	4/1/2006	na
L06	Serum Antibody Tests - Syphilis Screening	na	na	na	na	na	na	na	na	na	na
L07*	Mantoux Skin Test Result Anergy Panel	na	na	na	na	na	na	na	na	na	na
L08*	PPD Skin Test	na	na	na	na	na	na	na	na	na	na
L09	Chlamydia	na	na	na	na	na	na	na	na	na	na
L10	Urinalysis	na	na	na	na	na	na	na	na	na	na
L11*	Urine Culture Results	na	na	na	na	na	na	na	na	na	na
L12*	(Urine) Pregnancy Test	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na	8/15/1994d	na
L13	Gonorrhea	na	na	na	na	na	na	na	na	na	na
L14	Colposcopy Results	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a
L15	Biopsy Histopathology Pelvic Exam	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003	4/1/2003
L16	Dysplasia Treatment	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997
L17*	Herpes Culture of Ulcers and Fissures	na	na	na	na	na	na	na	na	na	na
L18	Trichomonas Vaginalis Culture (optional)	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
L19*	CVL Processing	10/1/2001	na	10/1/2001	na	10/1/2001	na	10/1/2001	na	10/1/2001	na
CENTRAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
C30*	Toxoplasma Serology	na	na	na	na	na	na	na	na	na	na
C31*	Human Retrovirus Testing	na	na	na	na	na	na	na	na	na	na
C45	Bacterial Vaginosis Smear Gram Stain	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C50*	Urine for Chlamydia	na	na	na	na	na	na	na	na	na	na
C52	HPV by PCR	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na
C54	Viral Load	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na
C60	Pap Smear	4/1/2002	na	4/1/2002	na	4/1/2002	na	4/1/2002	na	4/1/2002	na
C60a*	Pap Smear Retrospective Re-Read v1-15	4/1/2003	na	4/1/2003	na	4/1/2003	na	na	na	na	na
C60b*	Pap Smear Retrospective Re-Read v16	4/1/2003	na	4/1/2003	na	4/1/2003	na	na	na	na	na
C65*	Syphilis DFA - Genital Ulcers & Fissure	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C66*	Serum Antibody Type-Specific Herpes Serology	na	na	na	na	na	na	na	na	na	na
C70*	Laboratory - Stimulated Saliva Evaluation	na	na	na	na	na	na	na	na	na	na
C71*	Laboratory - Subgingival Plaque	na	na	na	na	na	na	na	na	na	na
C72*	Laboratory - Erythematous Candidiasis Smear Results	na	na	na	na	na	na	na	na	na	na
ADMINISTRATIVE FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	10/1/2001a	na	10/1/2001b	na	10/1/2001b	na	10/1/2001b	na	10/1/2001b	na
ANTHRO	Anthropometry Training Form	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na
COLPO	Colposcopy Tracking Form	na	na	na	na	na	na	na	na	na	na
CONS	Consent Status Tracking Form	na	na	na	na	na	na	na	na	na	na
CRST*	Central Repository Shipment Tracking	04/01/2005a	na	04/01/2005a	na	11/1/2005	na	11/1/2005	na	4/1/2007	4/1/2007
DDE	Direct Data Entry Form	na	na	na	na	na	na	na	na	na	na
DENR	Disenrollment Form	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004
INT*	Interim Events Form	na	na	na	na	na	na	na	na	na	na
MVIS	Missed Visit Form	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
NRREF	New Recruit - Referral Checklist	na	na	na	na	na	na	na	na	na	na
REF	Referral Checklist	4/1/2005	na	10/1/2005a	na	4/1/2006	na	10/1/2006	na	4/1/2007	na
TRANS	Transfer Form	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001a	10/1/2001b	10/1/2001b	10/1/2001c	10/1/2001c	10/1/2001c	10/1/2001c

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 22	VISIT 23	VISIT 24	VISIT 25	VISIT 26					
OUTCOMES ASCERTAINMENT FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ACS*	Ascertainment Control Sheet	na	na	na	na	na	na	na	na	na	na
ACSR ATC*	ACSR Ascertainment Tracking Checklist	4/1/1999b	na	4/1/1999b	na	4/1/1999b	na	4/1/1999b	na	4/1/1999b	na
ATC	Ascertainment Tracking Checklist	10/1/1998a	4/1/2004	10/1/1998a	4/1/2004	10/1/1998a	4/1/2006	10/1/1998a	4/1/2006	10/1/1998a	4/1/2006a
CNCR	Cancer Registry Case Report	5/20/1999b	5/20/1999b	5/20/1999b	5/20/1999b	5/20/1999b	5/20/1999b	5/20/1999b	5/20/1999b	4/1/2007	4/1/2007
CORE	Clinical Outcomes Reporting Form	4/1/2005	4/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2005	4/1/2007a	4/1/2007a
QCCD	QC Review of Cancer Diagnoses	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004
QCGY	QC Review of Gynecologic Material	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
QCHS*	Hysterectomy Abstraction Form	na	na	na	na	4/1/2006	na	4/1/2006	na	4/1/2006	na
QCLB	Liver Biopsy Abstraction Form	na	na	na	na	7/15/2006	na	7/15/2006	na	6/8/2007	na
QCSS	QC Central Review of Surgical Specimens	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
TB	TB - Verified Case Report	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999
VAC*	Vaccination History Form	na	na	na	na	na	na	11/1/2006	na	11/1/2006	na
CARDIOVASCULAR SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
CVNOTI*	Participant Notification	4/1/2004a	4/1/2004a	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	10/1/2004	10/1/2004	10/1/2004	10/1/2004	10/1/2004	10/1/2004	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a
CV29*	Fasting Blood Specimen Collection Form	10/14/2004a	10/14/2004	10/14/2004a	10/14/2004	4/1/2006	4/1/2006a	4/1/2006	4/1/2006a	4/1/2006	4/1/2006a
HHV-8 SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
HVDENR*	Disenrollment	na	na	na	na	na	na	na	na	na	na
HVMVIS*	Missed Visit	na	na	na	na	na	na	na	na	na	na
HVNOTI*	Recruitment Outcome Form	na	na	na	na	na	na	na	na	na	na
HVSPEC*	Specimen Collection	na	na	na	na	na	na	na	na	na	na
INTENSIVE PK SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PK01*	Eligibility for Intensive PK Substudy	4/1/2004	na	4/1/2004	na	4/1/2004	na	10/1/2006	na	10/1/2006	na
PKNOTI*	PK: Participant notification	4/1/2004	na	4/1/2004	na	4/1/2004	na	4/1/2004	na	4/1/2004	na
PK02*	PK: Current Antiretroviral medication use	10/1/2004	na	10/1/2004a	na	10/1/2004a	na	10/1/2004b	na	10/1/2004b	na
PK02a*	PK: Antiretroviral adherence	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na
PK03*	PK: Recent illnesses, concurrent meds & OB/GYN hist	4/1/2003a	na	10/1/2005	na	10/1/2005	na	10/1/2005	na	10/1/2005	na
PK04*	PK: Recent substance use	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
PK05a*	PK: Weight and Specimen collection: group A	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na
PK05b*	PK: Weight and Specimen collection: group B	4/1/2004	na	4/1/2004	na	4/1/2004	na	4/1/2004	na	4/1/2004	na
PK05c*	PK: Weight and Specimen collection: group C	4/1/2004	na	4/1/2004	na	4/1/2004	na	4/1/2004	na	4/1/2004	na
PK06*	PK: Dosing of antiretroviral medications	4/1/2005	na	4/1/2005a	na	4/1/2005b	na	10/1/2006a	na	10/1/2006a	na
PK07*	PK: Plasma Separation and Freezing Form	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
PK08*	PK: Dietary Fat Percentage Questionnaire	5/14/2003a	na	5/14/2003a	na	5/14/2003a	na	5/14/2003a	na	5/14/2003a	na
PK-DIET*	PK: Dietary Assessment	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na
MALT / GALT SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
MG01	Pre-Eligibility (complete after core)	na	na	na	na	na	na	na	na	na	na
MG02	Pre-Eligibility (complete by study coordinator)	na	na	na	na	na	na	na	na	na	na
MG03	Screening Visit	na	na	na	na	na	na	na	na	na	na
MG04	Notification of Enrollment (NOTI)	na	na	na	na	na	na	na	na	na	na
MG05	Colonoscopy/EMB Preparation Checklist/Worksheet	na	na	na	na	na	na	na	na	na	na
MG06	Colonoscopy Procedure Form	na	na	na	na	na	na	na	na	na	na
MG07	Endometrial & Endocervical Biopsy Procedure Form	na	na	na	na	na	na	na	na	na	na
MG08*	Biopsy Specimen Tracking Form	na	na	na	na	na	na	na	na	na	na
MG08a	Biopsy Specimen Tracking Form (Colonoscopy)	na	na	na	na	na	na	na	na	na	na
MG08b	Biopsy Specimen Tracking Form (Endometrial)	na	na	na	na	na	na	na	na	na	na
MG09	Serum Progesterone and Colonocopy Reports	na	na	na	na	na	na	na	na	na	na

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NEUROCOGNITION AND AGING FORMS											
		VISIT 22		VISIT 23		VISIT 24		VISIT 25		VISIT 26	
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
BLSA*	Baltimore Longitudinal Study of Aging	na	na	na	na	na	na	na	na	na	na
F26a*	Assessment of Physical Functioning	4/1/2005	na	4/1/2005	na	na	na	na	na	na	na
IADL-LF	Instrumental Activities of Daily Living - Long Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	na	na	10/1/2006	na	na	na
NC01a	Cognitive Measures (Standard TMT and SDMT)	10/1/2004c	10/1/2004c	10/1/2004c	10/1/2004c	10/1/2004c	10/1/2004c	na	na	na	na
NC01a*	Interviewer Script	10/1/2004	na	10/1/2004	na	10/1/2004	na	na	na	na	na
NC01b*	Cognitive Measures (Color TMT)	10/1/2004b	10/1/2004b	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	10/1/2004	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	10/1/2004b	10/1/2004b	na	na	na	na	na	na	na	na
NC03	Educational Experience	10/1/2004	10/1/2004	na	na	na	na	na	na	na	na
NC04	Wechsler Test of Adult Reading (WTAR)	4/1/2005	4/1/2005	4/1/2005	4/1/2005	na	na	na	na	na	na
NC05	Interviewer Feedback	4/1/2005	4/1/2005	4/1/2005	4/1/2005	4/1/2006	4/1/2006	na	na	na	na
NC06	Hopkins Verbal Learning Test-Revised	na	na	na	na	na	na	10/1/2006a	10/1/2006b	na	na
NC07	Stroop Test	na	na	na	na	na	na	10/1/2006b	10/1/2006b	na	na
NC08	Verbal Fluency	na	na	na	na	na	na	na	na	na	na
NC09	Letter Number Span	na	na	na	na	na	na	na	na	na	na
NC10	Grooved Pegboard	na	na	na	na	na	na	na	na	na	na
PAQ	Physical Activity Questionnaire	4/1/2005	na	4/1/2005	na	na	na	na	na	na	na
PBM	Functional Performance Tests	4/1/2005a	4/1/2005a	4/1/2005a	4/1/2005a	na	na	na	na	na	na
PTSD	Stress Assessment Questionnaire	na	na	na	na	na	na	na	na	na	na

NIDA I/V AND HCU											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
NI01*	Health Care Utilization Collaborative WIHS/HERS Interview	na	na	na	na	na	na	na	na	na	na
NI02*	General Abstraction	na	na	na	na	na	na	na	na	na	na
NI03*	Pneumonia Abstraction	na	na	na	na	na	na	na	na	na	na
NI04*	Pneumonia Episode Abstraction	na	na	na	na	na	na	na	na	na	na
NI05*	Diarrhea Abstraction	na	na	na	na	na	na	na	na	na	na
NVNOTI*	Participant Notification	na	na	na	na	na	na	na	na	na	na
NV01*	Enrollment Interview	na	na	na	na	na	na	na	na	na	na
NV02*	Antiretroviral Drug Use	na	na	na	na	na	na	na	na	na	na
NV03*	Specimen Collection	na	na	na	na	na	na	na	na	na	na
NV04*	Specimen Processing	na	na	na	na	na	na	na	na	na	na
NV05*	Flow Cytometry	na	na	na	na	na	na	na	na	na	na
NV06*	RNA Quantification on CVL	na	na	na	na	na	na	na	na	na	na
NV07*	Urine Toxicology	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 22	VISIT 23	VISIT 24	VISIT 25	VISIT 26			
ORAL PROTOCOL FORMS									
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
OPNOTI*	Oral Protocol Participant Notification (expansion)	na	na	na	na	na	na	na	na
OP01*	Medical Evaluation	na	na	na	na	na	na	na	na
OP02*	Research Interview	na	na	na	na	na	na	na	na
OP03*	Saliva Sample Collection	na	na	na	na	na	na	na	na
OP04*	Oral Mucosal Tissue Exam	na	na	na	na	na	na	na	na
OP04a*	Addendum	na	na	na	na	na	na	na	na
OP05*	Smear Results	na	na	na	na	na	na	na	na
OP06*	Tooth Count & Random Half Mouth	na	na	na	na	na	na	na	na
OP07*	Plaque Index	na	na	na	na	na	na	na	na
OP08*	Gingival Banding Score	na	na	na	na	na	na	na	na
OP09*	Papillary Assessment	na	na	na	na	na	na	na	na
OP10*	Subgingival Plaque	na	na	na	na	na	na	na	na
OP11*	Coronal Caries	na	na	na	na	na	na	na	na
OP12*	Root Caries	na	na	na	na	na	na	na	na
OP13*	Gingival Bleeding	na	na	na	na	na	na	na	na
OP14*	Loss of Attachment	na	na	na	na	na	na	na	na
OP15*	Dental Prostheses	na	na	na	na	na	na	na	na
OP16*	Oral Referral and F/U	na	na	na	na	na	na	na	na

PREGNANCY PROTOCOL FORMS									
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PRNOTI*	Enrollment	4/1/2005	na	na	na	na	na	na	na
PR01*	Pregnancy Form	10/1/2004	10/1/2004	na	na	na	na	na	na
PR02*	Post-partum Form	10/1/2004a	10/1/2004a	na	na	na	na	na	na

PROSPECTIVE METABOLIC (MS) AND MUCKULOSKELETAL (MSK) SUB									
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
MSKSCR	MSK: Screening form	na	na	na	na	na	na	na	na
MSSCR*	MS: Screening form	4/1/2005a	na	4/1/2005a	na	4/1/2005a	na	4/1/2005a	na
MSKNOTI	MSK: Participant notification	na	na	na	na	na	na	na	na
MSNOTI*	MS: Participant notification	4/1/2003b	na	4/1/2003b	na	4/1/2003b	na	4/1/2003b	na
MSK01	MSK: Participant Data Log DXA/VFA	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	4/1/2005	na	4/1/2005b	na	4/1/2006	na	4/1/2006a	na
MSK02	MSK: Participant Data Log QCT	na	na	na	na	na	na	na	na
MS02*	MS: Lab test report form	4/1/2005	na	4/1/2005	na	4/1/2005	na	4/1/2005	na
MS03*	MS: Participant Data Log	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na

PULMONARY SUBSTUDY FORMS									
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	na	na	na	na

SEX STEROID SUBSTUDY FORMS									
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
SSSCR*	SS: Sex steroid screening form	4/1/2003b	4/1/2003a	4/1/2003b	4/1/2003a	4/1/2003b	4/1/2003a	na	na
SSNOTI*	SS: Participant notification	4/1/2003	na	4/1/2003	na	4/1/2003	na	na	na
SS01*	SS: Sex steroid lab test report form	10/1/2003a	na	10/1/2003a	na	10/1/2003a	na	na	na

* Discontinued forms

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VRS SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>VISIT 22</i>		<i>VISIT 23</i>		<i>VISIT 24</i>		<i>VISIT 25</i>		<i>VISIT 26</i>	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
VRSNOTI*	VRS Enrollment Form	na	na	na	na	na	na	na	na	na	na
VRS01 *	Stage II Eligibility	na	na	na	na	na	na	na	na	na	na
VRS01r*	VRS Eligibility for VRS Supplement	na	na	na	na	na	na	na	na	na	na
VRS03*	VRS Illnesses and Medications	na	na	na	na	na	na	na	na	na	na
VRS04*	VRS Antiviral Medications	na	na	na	na	na	na	na	na	na	na
VRS05*	VRS Screening to Determine Changes in HAART Regimen	na	na	na	na	na	na	na	na	na	na
VRS06*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	na	na
VRS06r*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	na	na
VRS10*	VRS Plasma Separation and Freezing	na	na	na	na	na	na	na	na	na	na
VRS29*	VRS Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na

EXPANSION FORMS													
<i>Form#</i>	<i>Title</i>	<i>Form</i>		<i>QxQ</i>		<i>Form</i>		<i>QxQ</i>		<i>Form</i>		<i>QxQ</i>	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>		
EL	New Recruit Eligibility Form	na	na	na	na	na	na	na	na	na	na	na	na
F7r	Physical Exam Addendum	na	na	na	na	na	na	na	na	na	na	na	na
F20	New Recruit Baseline History	na	na	na	na	na	na	na	na	na	na	na	na
F20a*	New Recruit Baseline History: Addendum	na	na	na	na	na	na	na	na	na	na	na	na
F22r*	New Recruit ART History	na	na	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	10/1/2006	10/1/2006	10/1/2006	10/1/2006	na	na
F29r	Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na	na	na
F31r	Specimens Collected During PE	na	na	na	na	na	na	na	na	na	na	na	na
RAB	Retrospective Medical Record Abstraction	na	na	na	na	na	na	na	na	na	na	na	na
RAB App	Retrospective Medical Record Abstraction Appendix	na	na	na	na	na	na	na	na	na	na	na	na
SCR	New Recruit Sreening Form	na	na	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

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SPANISH VERSIONS		VISIT 22		VISIT 23		VISIT 24		VISIT 25		VISIT 26	
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	10/1/2001a	na	10/1/2001b	na	10/1/2001b	na	10/1/2001b	na	10/1/2001b	na
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Questionnaire	na	na	na	na	na	na	na	na	na	na
BLSA*	Baltimore Longitudinal Study of Aging Questions	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004a	na	10/1/2004a	na
CV29*	Fasting Blood Specimen Collection Form	10/14/2004a	na	10/14/2004a	na	4/1/2006	na	4/1/2006	na	4/1/2006	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/1/2004	na	10/1/2005	na	10/1/2005a	na	10/1/2005b	na	10/1/2005b	na
DRUG2	Non-antiviral Medications	10/1/2004	na	10/1/2004a	na	10/1/2004b	na	10/1/2004b	na	10/1/2004b	na
DRUG3	Hepatitis Medications	10/1/2004a	na	10/1/2004b	na	10/1/2004b	na	10/1/2004c	na	10/1/2004c	na
F07	Physical Exam	10/1/2004a	na	10/1/2005	na	10/1/2005	na	10/1/2005	na	4/1/2007a	na
F20	New Recruit Baseline History (Spanish)	na	na	na	na	na	na	na	na	na	na
F20a*	New Recruit Baseline History: Addendum (Spanish)	na	na	na	na	na	na	na	na	na	na
F01*/F21	Sociodemographics	10/1/2002	na	10/1/2005	na	10/1/2005a	na	10/1/2005a	na	10/1/2005a	na
F02*/F22*	Medical & Health History	na	na	na	na	na	na	na	na	na	na
F22HX	Follow-up Health History	10/1/2004	na	10/1/2005	na	4/1/2006	na	10/1/2006a	na	4/1/2007a	na
F22MED	Medication History	10/1/2004b	na	10/1/2005	na	4/1/2006	na	10/1/2006a	na	4/1/2007a	na
F22r *	New Recruit ART History	na	na	na	na	na	na	na	na	na	na
F03*/F23	OB/GYN History	4/1/2005	na	10/1/2005a	na	4/2/2006	na	10/1/2006	na	10/1/2006	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	10/1/2004	na	10/2/2005	na	4/12/2006	na	na	na	na	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visits 25+)	na	na	na	na	na	na	10/1/2006	na	4/1/2007	na
F05*/F25	Health Care Utilization	10/1/2004a	na	10/1/2005	na	10/1/2005a	na	10/1/2005a	na	10/1/2005a	na
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization Supplement	na	na	11/8/2005	na	11/8/2005	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	4/1/2005	na	10/1/2005	na	10/1/2005	na	10/1/2005a	na	10/1/2005b	na
F26a*	Assessment of Physical Functioning	4/1/2005	na	4/1/2005	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	10/1/2006	na	10/1/2006	na
F29	Blood Specimen Collection Form	4/2/2004b	na	10/1/2005	na	4/1/2006a	na	4/1/2006a	na	4/1/2006a	na
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2004	na	10/1/2005	na	10/1/2005	na	10/1/2005a	na	10/1/2005a	na
F29r	Blood Specimen Collection Form - New Recruits	na	na	na	na	na	na	na	na	na	na
F31a*	Hair Color, Texture and Treatment History	na	na	na	na	na	na	10/1/2006	na	10/1/2006	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	10/1/2006	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na	na	na	4/1/2007	na
HX	Family and Personal Medical History	na	na	na	na	na	na	na	na	na	na
INT*	Interim Events Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	na	na	na	na	na	na
MSKSCR	Musculoskeletal Substudy Screening Form	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	4/1/2005	na	4/1/2005b	na	4/1/2006	na	4/1/2006a	na	4/1/2006a	na
NC01a*	Interviewer Script	10/1/2004	na	10/1/2004a	na	10/1/2004a	na	na	na	na	na
NC01b*	Interviewer Script	10/1/2004	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	10/1/2004b	10/1/2004b	na	na	na	na	na	na	na	na
NC02b	Spanish Word List (WAT)	10/1/2004b	10/1/2004b	na	na	na	na	na	na	na	na
NC03	Educational Experience	10/1/2004	na	na	na	na	na	na	na	na	na

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		VISIT 22	VISIT 23	VISIT 24	VISIT 25	VISIT 26
SPANISH VERSIONS (continued)						
NI01*	NIDA Health Care Utilization Interview	na	na	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	na	na	na	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	na
OP02*	Oral Interview	na	na	na	na	na
PAQ	Physical Activity Questionnaire	4/1/2005	na	na	na	na
PBM	Performance-based Measurements	4/1/2005a	na	4/1/2005a	na	na
PK02*	PK: Current Antiretroviral Medication Use	10/1/2004	na	10/1/2004a	na	10/1/2004b
PK02a*	PK: Antiretroviral Adherence	4/1/2003a	na	4/1/2003a	na	4/1/2003a
PK03*	PK: Recent Illnesses, Concurrent Meds & OB/GYN History	4/1/2003a	na	10/1/2005	na	10/1/2005
PK04*	PK: Recent Substance Use	4/1/2003	na	4/1/2003a	na	4/1/2003
PK08*	PK: Dietary Fat Percentage Questionnaire	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na
PTSD*	Civilian Post-Traumatic Stress Disorder Questionnaire	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na
SDCQ	San Diego Claudication Questionnaire	na	na	na	na	na
SCR	New Recruit Sreening Form	na	na	na	na	na
SSSCR*	SS: Sex steroid Screening Form	4/1/2003b	na	4/1/2003b	na	4/1/2003b

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FOLLOW-UP INTERVIEW/EXAM FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ABI	Arterial Brachial Index Measurement Form	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/1/2005c	10/1/2005c	10/01/2005d	10/1/2005c	10/01/2005d	10/1/2005c	10/01/2005e	10/1/2005d	10/01/2005e	10/1/2005d
DRUG2	Non-antiviral Medications	10/1/2004d	10/1/2004b	10/01/2004e	10/1/2004b	10/01/2004e	10/1/2004b	10/01/2004e	10/1/2004b	10/01/2004e	10/1/2004b
DRUG3	Hepatitis Medications	10/1/2004c	10/1/2004b	10/01/2004d	10/1/2004b	10/01/2004d	10/1/2004b	10/01/2004d	10/1/2004b	10/01/2004d	10/1/2004b
DSG	Antiretroviral Dosage	10/2/2005f	10/2/2005d	10/02/2005g	10/02/2005d	10/02/2005i	10/02/2005h	10/02/2005j	10/02/2005h	10/02/2005j	10/02/2005h
F07	Physical Exam	4/1/2007a	4/1/2007a	4/1/2007a	4/1/2007a	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2009	10/1/2009
F08	Gynecological Exam	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005a	10/1/2005b	10/1/2005b
F08a	Potential CVL Contaminants	10/1/2005	na	10/1/2005	na	10/1/2005	na	10/1/2005	na	10/1/2005	na
F01*/F21	Sociodemographics	10/1/2007	10/1/2007	4/1/2008	4/1/2008	10/1/2008	10/1/2008	4/2/2009a	4/2/2009a	4/2/2009b	4/2/2009a
F02*/F22*	Medical & Health History (visits 1 - 16)	na	na	na	na	na	na	na	na	na	na
F22HX	Follow-up Health History (visit 17+)	4/1/2007a	4/1/2007b	4/1/2008	4/1/2008	10/1/2008	10/1/2008	4/1/2009a	4/1/2009	10/1/2009	10/1/2009
F22MED	Medication History (visit 17+)	4/1/2007a	4/1/2007b	4/1/2008	4/1/2008	10/1/2008	10/1/2008	4/1/2009a	4/1/2009	10/1/2009a	10/1/2009
F03*/F23	OB/GYN History	10/1/2007	10/1/2007	10/1/2007a	10/1/2007a	10/1/2008	10/1/2008	4/1/2009	4/1/2009	10/1/2009a	10/1/2009
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	na	na	na	na	na	na	na	na	na	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visit 25+)	4/1/2007a	4/1/2007a	4/1/2008	4/1/2008	10/1/2008a	10/1/2008	4/1/2009a	4/1/2009a	10/1/2009a	10/1/2009
F05*/F25	Health Care Utilization	10/1/2005	10/1/2005	10/1/2005	10/1/2005	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2005c	10/1/2005b
HX	Family and Personal Medical History	na	na	na	na	na	na	na	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	10/1/2007a	10/1/2007a	10/1/2007a	10/1/2007a	na	na	na	na	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	na	na	4/1/2009a	4/1/2009	4/1/2009b	4/1/2009a
SDCQ	San Deigo Claudication Questionnaire	na	na	na	na	na	na	na	na	na	na

MISCELLANEOUS SUBSTUDY FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Survey	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	10/1/2008c	na	na	na	na	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization	na	na	na	na	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	10/1/2008a	10/1/2008a	10/1/2008a	10/1/2008a	na	na
MINOTI*	Mucosal Immunity Notification Form	na	na	na	na	na	na	4/1/2009a	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na	na	na	na	na	na
TRUST*	Opinions about Health System and HIV/AIDS	na	na	na	na	na	na	na	na	na	na

SPECIMEN COLLECTION FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
F10*	Plasma & Cell Separation and Freezing	8/15/1994	8/15/1994	8/15/1994	8/15/1994	na	na	na	na	na	na
F09*/F29	Blood Specimen Collection Form	4/1/2006a	4/1/2006a	4/1/2006b	4/1/2006b	10/1/2008a	10/1/2008	10/1/2008a	10/1/2008	10/1/2008b	10/1/2008
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2005b	10/1/2005b	10/1/2005c	10/1/2005c	10/1/2005c	10/1/2005c	10/1/2005c	10/1/2005c	10/1/2009	10/1/2009
F11*/F31	Specimens Collected During PE	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2005b	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2009	10/1/2009
F31a*	Hair Color, Texture and Treatment History	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na
L20	Repository Specimen Processing	na	na	na	na	10/1/2008	na	10/1/2008	na	10/1/2009	na

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LOCAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
L01	HIV ELISA and Western Blot	8/3/2007	na	8/3/2007	na	8/3/2007	na	8/3/2007	na	8/3/2007	na
L02	Serum Antibody Tests - Hepatitis	na	na	na	na	na	na	na	na	na	na
L03	Automated CBC/Differential	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na
L03a	Hand-Manual Differential	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na
L04	Flow Cytometry	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na
L05	Liver/Renal Function Tests	4/1/2006	na	4/1/2006a	na	4/1/2006a	na	4/1/2006a	na	10/1/2009a	na
L06	Serum Antibody Tests - Syphilis Screening	na	na	na	na	na	na	na	na	na	na
L07*	Mantoux Skin Test Result Anergy Panel	na	na	na	na	na	na	na	na	na	na
L08*	PPD Skin Test	na	na	na	na	na	na	na	na	na	na
L09	Chlamydia	na	na	na	na	na	na	na	na	na	na
L10	Urinalysis	na	na	na	na	na	na	na	na	na	na
L11*	Urine Culture Results	na	na	na	na	na	na	na	na	na	na
L12*	(Urine) Pregnancy Test	10/1/2007	na	10/1/2007	na	10/1/2007	na	10/1/2007	na	10/1/2007	na
L13	Gonorrhea	na	na	na	na	na	na	na	na	na	na
L14	Colposcopy Results	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a	10/1/2002a
L15	Biopsy Histopathology Pelvic Exam	10/1/2007	10/1/2007	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007
L16	Dysplasia Treatment	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997
L17*	Herpes Culture of Ulcers and Fissures	na	na	na	na	na	na	na	na	na	na
L18	Trichomonas Vaginalis Culture (optional)	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
L19*	CVL Processing	10/1/2001	na	10/1/2001	na	na	na	na	na	na	na

CENTRAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
C30*	Toxoplasma Serology	na	na	na	na	na	na	na	na	na	na
C31*	Human Retrovirus Testing	na	na	na	na	na	na	na	na	na	na
C45	Bacterial Vaginosis Smear Gram Stain	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C50*	Urine for Chlamydia	na	na	na	na	na	na	na	na	na	na
C52	HPV by PCR	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na
C54	Viral Load	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na
C60	Pap Smear	4/1/2002	na	4/1/2002	na	4/1/2002	na	4/1/2002	na	4/1/2002	na
C60a*	Pap Smear Retrospective Re-Read v1-15	na	na	na	na	na	na	na	na	na	na
C60b*	Pap Smear Retrospective Re-Read v16	na	na	na	na	na	na	na	na	na	na
C65*	Syphilis DFA - Genital Ulcers & Fissure	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C66*	Serum Antibody Type-Specific Herpes Serology	na	na	na	na	na	na	na	na	na	na
C70*	Laboratory - Stimulated Saliva Evaluation	na	na	na	na	na	na	na	na	na	na
C71*	Laboratory - Subgingival Plaque	na	na	na	na	na	na	na	na	na	na
C72*	Laboratory - Erythematous Candidiasis Smear Results	na	na	na	na	na	na	na	na	na	na

ADMINISTRATIVE FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	10/1/2001b	na	10/1/2001b	na	10/1/2001c	na	10/1/2001c	na	10/1/2001c	na
ANTHRO	Anthropometry Training Form	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na
COLPO	Colposcopy Tracking Form	na	na	na	na	na	na	na	na	na	na
CONS	Consent Status Tracking Form	na	na	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008
CRST*	Central Repository Shipment Tracking	4/1/2007	4/1/2007	4/1/2007	4/1/2007	4/1/2007	4/1/2007	4/1/2007	4/1/2007	na	na
DDE	Direct Data Entry Form	na	na	na	na	na	na	na	na	na	na
DENR	Disenrollment Form	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004
INT*	Interim Events Form	na	na	na	na	na	na	na	na	na	na
MVIS	Missed Visit Form	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a
NRREF	New Recruit - Referral Checklist	na	na	na	na	na	na	na	na	na	na
REF	Referral Checklist	10/1/2007	na	4/1/2008	na	10/1/2008	na	4/1/2009	na	4/1/2009	na
TRANS	Transfer Form	10/1/2001c	10/1/2001c	10/1/2001c	10/1/2001c	10/1/2001c	10/1/2001c	10/1/2001c	10/1/2001c	10/1/2001c	10/1/2001c

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OUTCOMES ASCERTAINMENT FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ACS*	Ascertainment Control Sheet	na	na	na	na	na	na	na	na	na	na
ACSR ATC*	ACSR Ascertainment Tracking Checklist	na	na	na	na	na	na	na	na	na	na
ATC	Ascertainment Tracking Checklist	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007	10/1/2007b	10/1/2007b	10/1/2007b	10/1/2007b	10/1/2007c	10/1/2007b
CNCR	Cancer Registry Case Report	4/1/2007	4/1/2007	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008b	4/1/2008a	4/1/2008b	4/1/2008a
CORE	Clinical Outcomes Reporting Form	4/1/2007a	4/1/2007a	4/1/2007a	4/1/2007a	4/1/2007a	4/1/2007a	4/1/2007b	4/1/2007b	4/1/2007b	4/1/2007b
QCCD	QC Review of Cancer Diagnoses	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004
QCGY	QC Review of Gynecologic Material	10/1/2000	na	10/1/2000a	na	10/1/2008	na	10/1/2008	na	10/1/2008	na
QCHS*	Hysterectomy Abstraction Form	4/1/2006	na	4/1/2006	na	na	na	na	na	na	na
QCLB	Liver Biopsy Abstraction Form	6/8/2007	na	6/8/2007	na	6/8/2007	na	6/8/2007	na	6/8/2007	na
QCSS	QC Central Review of Surgical Specimens	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
TB	TB - Verified Case Report	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999
VAC*	Vaccination History Form	11/1/2006	na	11/1/2006	na	11/1/2006	na	na	na	na	na

CARDIOVASCULAR SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
CVNOTI*	Participant Notification	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004c	10/1/2004a
CV29*	Fasting Blood Specimen Collection Form	4/1/2006	4/1/2006a	na	na	na	na	na	na	na	na

HHV-8 SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
HVDENR*	Disenrollment	na	na	na	na	na	na	na	na	na	na
HVMVIS*	Missed Visit	na	na	na	na	na	na	na	na	na	na
HVNOTI*	Recruitment Outcome Form	na	na	na	na	na	na	na	na	na	na
HVSPEC*	Specimen Collection	na	na	na	na	na	na	na	na	na	na

INTENSIVE PK SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PK01*	Eligibility for Intensive PK Substudy	10/1/2006	na	10/1/2006	na	10/1/2006	na	4/1/2009	na	4/1/2009	na
PKNOTI*	PK: Participant notification	4/1/2004	na	4/1/2004	na	4/1/2004	na	4/1/2009	na	4/1/2009	na
PK02*	PK: Current Antiretroviral medication use	10/1/2004c	na	10/1/2004d	na	10/1/2004d	na	10/1/2004e	na	10/1/2004e	na
PK02a*	PK: Antiretroviral adherence	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003b	na	4/1/2003b	na
PK03*	PK: Recent illnesses, concurrent meds & OB/GYN hist	10/1/2005	na	10/1/2005	na	10/1/2005	na	4/1/2009a	na	4/1/2009a	na
PK04*	PK: Recent substance use	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
PK05a*	PK: Weight and Specimen collection: group A	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2009	na	4/1/2009	na
PK05b*	PK: Weight and Specimen collection: group B	4/1/2004	na	4/1/2004	na	4/1/2004	na	na	na	na	na
PK05c*	PK: Weight and Specimen collection: group C	4/1/2004	na	4/1/2004	na	4/1/2004	na	na	na	na	na
PK06*	PK: Dosing of antiretroviral medications	10/1/2007	na	4/1/2008	na	4/1/2008	na	4/1/2009a	na	4/1/2009a	na
PK07*	PK: Plasma Separation and Freezing Form	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
PK08*	PK: Dietary Fat Percentage Questionnaire	5/14/2003a	na	5/14/2003a	na	5/14/2003a	na	5/14/2003a	na	5/14/2003a	na
PK-DIET*	PK: Dietary Assessment	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na

MALT / GALT SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
MG01	Pre-Eligibility (complete after core)	na	na	na	na	na	na	na	na	10/1/2009	10/1/2009
MG02	Pre-Eligibility (complete by study coordinator)	na	na	na	na	na	na	na	na	10/1/2009	na
MG03	Screening Visit	na	na	na	na	na	na	na	na	10/1/2009	10/1/2009
MG04	Notification of Enrollment (NOTI)	na	na	na	na	na	na	na	na	10/1/2009	na
MG05	Colonoscopy/EMB Preparation Checklist/Worksheet	na	na	na	na	na	na	na	na	10/1/2009	na
MG06	Colonoscopy Procedure Form	na	na	na	na	na	na	na	na	10/1/2009	na
MG07	Endometrial & Endocervical Biopsy Procedure Form	na	na	na	na	na	na	na	na	10/1/2009a	na
MG08*	Biopsy Specimen Tracking Form	na	na	na	na	na	na	na	na	10/1/2009	na
MG08a	Biopsy Specimen Tracking Form (Colonoscopy)	na	na	na	na	na	na	na	na	na	na
MG08b	Biopsy Specimen Tracking Form (Endometrial)	na	na	na	na	na	na	na	na	na	na
MG09	Serum Progesterone and Colonocopy Reports	na	na	na	na	na	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

NEUROCOGNITION AND AGING FORMS											
Form#	Title	VISIT 27		VISIT 28		VISIT 29		VISIT 30		VISIT 31	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
BLSA*	Baltimore Longitudinal Study of Aging	na	na	na	na	na	na	na	na	na	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
IADL-LF	Instrumental Activities of Daily Living - Long Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	10/1/2008a	na	4/1/2009a	4/1/2009b	10/1/2009a	10/1/2009
NC01a	Cognitive Measures (Standard TMT and SDMT)	na	na	na	na	na	na	4/1/2009	4/1/2009	4/1/2009b	4/1/2009b
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC01b*	Cognitive Measures (Color TMT)	na	na	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	na	na	na	na	na	na	4/1/2009	4/1/2009a	4/1/2009	4/1/2009b
NC03	Educational Experience	na	na	na	na	na	na	na	na	10/1/2004a	10/1/2004a
NC04	Wechsler Test of Adult Reading (WTAR)	na	na	na	na	na	na	4/1/2009	4/1/2009a	4/1/2009	4/1/2009a
NC05	Interviewer Feedback	na	na	na	na	na	na	na	na	na	na
NC06	Hopkins Verbal Learning Test-Revised	na	na	na	na	na	na	4/1/2009	4/1/2009	4/1/2009a	4/1/2009a
NC07	Stroop Test	na	na	na	na	na	na	4/1/2009	4/1/2009	4/1/2009	4/1/2009
NC08	Verbal Fluency	na	na	na	na	na	na	4/1/2009	4/1/2009	10/1/2009	10/1/2009
NC09	Letter Number Span	na	na	na	na	na	na	4/1/2009	4/1/2009	10/1/2009	10/1/2009
NC10	Grooved Pegboard	na	na	na	na	na	na	4/1/2009	4/1/2009	4/1/2009	4/1/2009
PAQ	Physical Activity Questionnaire	na	na	na	na	na	na	na	na	na	na
PBM	Functional Performance Tests	na	na	na	na	na	na	na	na	na	na
PTSD	Stress Assessment Questionnaire	na	na	na	na	10/1/2008b	na	10/1/2008c	na	10/1/2008d	na

NIDA I/V AND HCU

Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
NI01*	Health Care Utilization Collaborative WIHS/HERS Interview	na	na	na	na	na	na	na	na	na	na
NI02*	General Abstraction	na	na	na	na	na	na	na	na	na	na
NI03*	Pneumonia Abstraction	na	na	na	na	na	na	na	na	na	na
NI04*	Pneumonia Episode Abstraction	na	na	na	na	na	na	na	na	na	na
NI05*	Diarrhea Abstraction	na	na	na	na	na	na	na	na	na	na
NVNOTI*	Participant Notification	na	na	na	na	na	na	na	na	na	na
NV01*	Enrollment Interview	na	na	na	na	na	na	na	na	na	na
NV02*	Antiretroviral Drug Use	na	na	na	na	na	na	na	na	na	na
NV03*	Specimen Collection	na	na	na	na	na	na	na	na	na	na
NV04*	Specimen Processing	na	na	na	na	na	na	na	na	na	na
NV05*	Flow Cytometry	na	na	na	na	na	na	na	na	na	na
NV06*	RNA Quantification on CVL	na	na	na	na	na	na	na	na	na	na
NV07*	Urine Toxicology	na	na	na	na	na	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

VISIT 27

VISIT 28

VISIT 29

VISIT 30

VISIT 31

ORAL PROTOCOL FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
OPNOTI*	Oral Protocol Participant Notification (expansion)	na	na	na	na	na	na	na	na	na	na
OP01*	Medical Evaluation	na	na	na	na	na	na	na	na	na	na
OP02*	Research Interview	na	na	na	na	na	na	na	na	na	na
OP03*	Saliva Sample Collection	na	na	na	na	na	na	na	na	na	na
OP04*	Oral Mucosal Tissue Exam	na	na	na	na	na	na	na	na	na	na
OP04a*	Addendum	na	na	na	na	na	na	na	na	na	na
OP05*	Smear Results	na	na	na	na	na	na	na	na	na	na
OP06*	Tooth Count & Random Half Mouth	na	na	na	na	na	na	na	na	na	na
OP07*	Plaque Index	na	na	na	na	na	na	na	na	na	na
OP08*	Gingival Banding Score	na	na	na	na	na	na	na	na	na	na
OP09*	Papillary Assessment	na	na	na	na	na	na	na	na	na	na
OP10*	Subgingival Plaque	na	na	na	na	na	na	na	na	na	na
OP11*	Coronal Caries	na	na	na	na	na	na	na	na	na	na
OP12*	Root Caries	na	na	na	na	na	na	na	na	na	na
OP13*	Gingival Bleeding	na	na	na	na	na	na	na	na	na	na
OP14*	Loss of Attachment	na	na	na	na	na	na	na	na	na	na
OP15*	Dental Prostheses	na	na	na	na	na	na	na	na	na	na
OP16*	Oral Referral and F/U	na	na	na	na	na	na	na	na	na	na

PREGNANCY PROTOCOL FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PRNOTI*	Enrollment	na	na	na	na	na	na	na	na	na	na
PR01*	Pregnancy Form	na	na	na	na	na	na	na	na	na	na
PR02*	Post-partum Form	na	na	na	na	na	na	na	na	na	na

PROSPECTIVE METABOLIC (MS) AND MUCKULOSKELETAL (MSK) SUB

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
MSKSCR	MSK: Screening form	na	na	na	na	na	na	na	na	na	na
MSSCR*	MS: Screening form	4/1/2005a	na	4/1/2005a	na	4/1/2005a	na	4/1/2005a	na	4/1/2005a	na
MSKNOTI	MSK: Participant notification	na	na	na	na	na	na	na	na	na	na
MSNOTI*	MS: Participant notification	4/1/2003b	na	4/1/2003b	na	4/1/2003b	na	4/1/2003b	na	4/1/2003b	na
MSK01	MSK: Participant Data Log DXA/VFA	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	10/1/2007a	na	10/1/2007b	na	10/1/2007b	na	10/1/2007b	na	10/1/2007b	na
MSK02	MSK: Participant Data Log QCT	na	na	na	na	na	na	na	na	na	na
MS02*	MS: Lab test report form	4/1/2005	na	4/1/2005	na	4/1/2005	na	4/1/2005	na	4/1/2005a	na
MS03*	MS: Participant Data Log	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na

PULMONARY SUBSTUDY FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PQBL*	Baseline Pulmonary Questionnaire	10/1/2007b	10/01/2007b	10/1/2007b	10/01/2007b	na	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008

SEX STEROID SUBSTUDY FORMS

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
SSSCR*	SS: Sex steroid screening form	na	na	na	na	na	na	na	na	na	na
SSNOTI*	SS: Participant notification	na	na	na	na	na	na	na	na	na	na
SS01*	SS: Sex steroid lab test report form	na	na	na	na	na	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

VRS SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>VISIT 27</i>		<i>VISIT 28</i>		<i>VISIT 29</i>		<i>VISIT 30</i>		<i>VISIT 31</i>	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
VRSNOTI*	VRS Enrollment Form	na	na	na	na	na	na	na	na	na	na
VRS01 *	Stage II Eligibility	na	na	na	na	na	na	na	na	na	na
VRS01r*	VRS Eligibility for VRS Supplement	na	na	na	na	na	na	na	na	na	na
VRS03*	VRS Illnesses and Medications	na	na	na	na	na	na	na	na	na	na
VRS04*	VRS Antiviral Medications	na	na	na	na	na	na	na	na	na	na
VRS05*	VRS Screening to Determine Changes in HAART Regimen	na	na	na	na	na	na	na	na	na	na
VRS06*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	na	na
VRS06r*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	na	na
VRS10*	VRS Plasma Separation and Freezing	na	na	na	na	na	na	na	na	na	na
VRS29*	VRS Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na

EXPANSION FORMS													
<i>Form#</i>	<i>Title</i>	<i>Form</i>		<i>QxQ</i>		<i>Form</i>		<i>QxQ</i>		<i>Form</i>		<i>QxQ</i>	
		<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>		
EL	New Recruit Eligibility Form	na	na	na	na	na	na	na	na	na	na	na	na
F7r	Physical Exam Addendum	na	na	na	na	na	na	na	na	na	na	na	na
F20	New Recruit Baseline History	na	na	na	na	na	na	na	na	na	na	na	na
F20a*	New Recruit Baseline History: Addendum	na	na	na	na	na	na	na	na	na	na	na	na
F22r*	New Recruit ART History	na	na	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	na	na	na	na	na	na
F29r	Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na	na	na
F31r	Specimens Collected During PE	na	na	na	na	na	na	na	na	na	na	na	na
RAB	Retrospective Medical Record Abstraction	na	na	na	na	na	na	na	na	na	na	na	na
RAB App	Retrospective Medical Record Abstraction Appendix	na	na	na	na	na	na	na	na	na	na	na	na
SCR	New Recruit Screening Form	na	na	na	na	na	na	na	na	na	na	na	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

SPANISH VERSIONS		VISIT 27		VISIT 28		VISIT 29		VISIT 30		VISIT 31	
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	10/1/2001b	na	10/1/2001b	na	10/1/2001c	na	10/1/2001c	na	10/1/2001c	na
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Questionnaire	na	na	na	na	na	na	na	na	na	na
BLSA*	Baltimore Longitudinal Study of Aging Questions	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	10/1/2004a	na	10/1/2004a	na	10/1/2004a	na	10/1/2004a	na	10/1/2004a	na
CV29*	Fasting Blood Specimen Collection Form	4/1/2006	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	10/1/2008b	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/1/2005c	na	10/1/2005d	na	10/1/2005d	na	10/1/2005d	na	10/1/2005e	na
DRUG2	Non-antiviral Medications	10/1/2004e	na	10/1/2004f	na	10/1/2004f	na	10/1/2004f	na	10/1/2004f	na
DRUG3	Hepatitis Medications	10/1/2004c	na	10/1/2004d	na	10/1/2004d	na	10/1/2004d	na	10/1/2004d	na
F07	Physical Exam	4/1/2007a	na	4/1/2007a	na	10/1/2008	na	10/1/2008	na	10/1/2009	na
F20	New Recruit Baseline History (Spanish)	na	na	na	na	na	na	na	na	na	na
F20a*	New Recruit Baseline History: Addendum (Spanish)	na	na	na	na	na	na	na	na	na	na
F01*/F21	Sociodemographics	10/1/2007a	na	4/1/2008	na	10/1/2008	na	4/2/2009a	na	4/2/2009b	na
F02*/F22*	Medical & Health History	na	na	na	na	na	na	na	na	na	na
F22HX	Follow-up Health History	4/1/2007a	na	4/1/2008	na	10/1/2008	na	4/1/2009a	na	10/1/2009	na
F22MED	Medication History	4/1/2007b	na	4/1/2008	na	10/1/2008	na	4/1/2009a	na	10/1/2009a	na
F22r *	New Recruit ART History	na	na	na	na	na	na	na	na	na	na
F03*/F23	OB/GYN History	10/1/2007	na	10/1/2007a	na	10/1/2008	na	4/1/2009	na	10/1/2009	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	na	na	na	na	na	na	na	na	na	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visits 25+)	4/1/2007a	na	4/1/2008	na	10/1/2008	na	4/1/2009a	na	10/1/2009a	na
F05*/F25	Health Care Utilization	10/1/2005a	na	10/1/2005a	na	10/1/2008	na	10/1/2008	na	10/1/2008	na
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/1/2005b	na	10/1/2005b	na	10/1/2005b	na	10/1/2005b	na	10/1/2005c	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	na	na	na	na	na	na	na	na
F29	Blood Specimen Collection Form	4/1/2006a	na	4/1/2006b	na	10/1/2008a	na	10/1/2008a	na	10/1/2008b	na
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2005b	na	10/1/2005c	na	10/1/2005c	na	10/1/2005c	na	10/1/2009	na
F29r	Blood Specimen Collection Form - New Recruits	na	na	na	na	na	na	na	na	na	na
F31a*	Hair Color, Texture and Treatment History	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	10/1/2008a	na	10/1/2008a	na	na	na
HX	Family and Personal Medical History	na	na	na	na	na	na	na	na	na	na
INT*	Interim Events Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	na	na	na	na	10/1/2008a	na	4/1/2009a	na	10/1/2009a	na
MSKSCR	Musculoskeletal Substudy Screening Form	na	na	na	na	na	na	na	na	na	na
MS01*	MS: Specimen Collection for Metabolic Study	10/1/2007a	na	10/1/2007b	na	10/1/2007b	na	10/1/2007b	na	10/1/2007b	na
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	na	na	na	na	na	na	4/1/2009	na	4/1/2009	na
NC02b	Spanish Word List (WAT)	na	na	na	na	na	na	4/1/2009	10/1/2004b	4/1/2009	10/1/2004b
NC03	Educational Experience	na	na	na	na	na	na	na	na	10/1/2004a	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 27	VISIT 28	VISIT 29	VISIT 30	VISIT 31
SPANISH VERSIONS (continued)						
NI01*	NIDA Health Care Utilization Interview	na	na	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	10/1/2007b	na	10/1/2007b	na	na
NP02	Neuropathy Signs and Symptoms - follow up	na	na	na	na	4/1/2009c
OP02*	Oral Interview	na	na	na	na	na
PAQ	Physical Activity Questionnaire	na	na	na	na	na
PBM	Performance-based Measurements	na	na	na	na	na
PK02*	PK: Current Antiretroviral Medication Use	10/1/2004c	na	10/1/2004d	na	10/1/2004e
PK02a*	PK: Antiretroviral Adherence	4/1/2003a	na	4/1/2003a	na	4/1/2003b
PK03*	PK: Recent Illnesses, Concurrent Meds & OB/GYN History	10/1/2005	na	10/1/2005	na	4/1/2009
PK04*	PK: Recent Substance Use	4/1/2003	na	4/1/2003	na	4/1/2003
PK08*	PK: Dietary Fat Percentage Questionnaire	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na
PQBL*	Baseline Pulmonary Questionnaire	10/1/2007b	na	10/1/2007b	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	10/1/2008	10/1/2008
PREP*	HIV Prevention Technologies	na	na	na	na	na
PTSD*	Civilian Post-Traumatic Stress Disorder Questionnaire	na	na	na	10/1/2008b	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na
SDCQ	San Diego Claudication Questionnaire	na	na	na	na	na
SCR	New Recruit Sreening Form	na	na	na	na	na
SSSCR*	SS: Sex steroid Screening Form	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

FOLLOW-UP INTERVIEW/EXAM FORMS											
Form#	Title	VISIT 32		VISIT 33		VISIT 34		VISIT 35		VISIT 36	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABI	Arterial Brachial Index Measurement Form	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/01/2005e	10/1/2005d	10/01/2005e	10/01/2005e	10/01/2005f	10/01/2005e	10/1/2011	10/1/2011	10/1/2011	10/1/2011
DRUG2	Non-antiviral Medications	10/01/2004e	10/1/2004b	10/01/2004e	10/1/2004b	10/01/2004e	10/1/2004b	10/01/2004f	10/1/2004c	10/1/2004g	10/1/2004c
DRUG3	Hepatitis Medications	10/01/2004d	10/1/2004b	10/01/2004e	10/1/2004b	10/01/2004f	10/1/2004b	10/1/2011	10/1/2011	10/1/2011	10/1/2011
DSG	Antiretroviral Dosage	10/02/2005i	10/02/2005h	10/02/2005i	10/20/2005i	10/02/2005o	10/20/2005i	10/02/2005p	10/02/2005j	10/02/2005p	10/02/2005j
F07	Physical Exam	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009a	10/1/2011a	10/1/2011	10/01/2011b	10/01/2011a
F08	Gynecological Exam	10/1/2005c	10/1/2005c	10/1/2010	10/1/2010	10/1/2010a	10/1/2010a	10/1/2011	10/1/2011	10/1/2011a	10/1/2011
F08a	Potential CVL Contaminants	10/1/2005	na	10/1/2005	na	10/1/2005	na	10/1/2005	na	10/1/2005	na
F01*/F21	Sociodemographics	4/1/2010	4/1/2010	4/1/2010	4/1/2010	4/1/2010a	4/1/2010	10/1/2011	10/1/2011	4/1/2012a	4/1/2012a
F02*/F22*	Medical & Health History (visits 1 - 16)	na	na	na	na	na	na	na	na	na	na
F22HX	Follow-up Health History (visit 17+)	4/1/2010a	4/1/2010a	10/1/2010	10/1/2010	4/1/2011	4/1/2011	10/1/2011	10/1/2011	10/1/2011a	10/1/2011a
F22MED	Medication History (visit 17+)	4/1/2010b	4/1/2010	10/1/2010a	10/1/2010a	4/1/2011b	4/1/2011	10/1/2011a	10/1/2011a	10/1/2011b	10/1/2011c
F03*/F23	OB/GYN History	10/1/2009d	10/1/2009b	10/01/2009e	10/01/2009c	4/1/2011	4/1/2011	4/1/2011a	4/1/2011a	4/1/2011b	4/1/2011b
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	na	na	na	na	na	na	na	na	na	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visit 25+)	4/1/2010	4/1/2010	10/1/2010	10/1/2010	4/1/2011	4/1/2011	10/1/2011	10/1/2011	4/1/2012b	4/1/2012b
F05*/F25	Health Care Utilization	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008	10/1/2008
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/1/2005c	10/1/2005b	10/1/2005c	10/1/2005b	10/1/2005c	10/1/2005b	10/1/2005c	10/1/2005b	4/1/2012	4/1/2012
HX	Family and Personal Medical History	na	na	10/1/2010a	10/1/2010a	10/1/2010a	10/1/2010a	10/1/2010a	10/1/2010a	10/1/2010a	10/1/2010a
NP01	Neuropathy Signs and Symptoms - baseline	na	na	10/1/2007b	10/1/2007a	10/1/2007b	10/1/2007a	10/1/2007b	10/1/2007a	10/1/2007c	10/1/2007b
NP02	Neuropathy Signs and Symptoms - follow up	4/1/2009b	4/1/2009a	4/1/2009b	4/1/2009a	4/1/2009b	4/1/2009a	4/1/2009b	4/1/2009a	4/1/2009c	4/1/2009b
SDCQ	San Deigo Claudication Questionnaire	na	na	na	na	na	na	na	na	na	na

MISCELLANEOUS SUBSTUDY FORMS

Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Survey	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization	na	na	na	na	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	10/1/2008a	10/1/2008b	10/1/2008a	10/1/2008b	na	na
MINOTI*	Mucosal Immunity Notificaiton Form	na	na	na	na	na	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	na	na	na	na	na	na
PREP*	HIV Prevention Technologies	na	na	na	na	na	na	10/1/2011a	na	na	na
RACE	Ethnicity and Race Questionnaire	na	na	na	na	na	na	10/1/2011a	na	10/1/2011b	na
TRUST*	Opinions about Health System and HIV/AIDS	na	na	na	na	na	na	na	na	na	na

SPECIMEN COLLECTION FORMS

Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
F10*	Plasma & Cell Separation and Freezing	na	na	na	na	na	na	na	na	na	na
F09*/F29	Blood Specimen Collection Form	10/1/2008b	10/1/2008	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2011a	10/1/2011a	10/1/2011b	10/1/2011b
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009b	10/1/2009	10/1/2009b	10/1/2009
F11*/F31	Specimens Collected During PE	10/1/2009	10/1/2009	10/1/2010	10/1/2010	10/1/2010a	10/1/2010a	10/1/2010b	10/1/2010b	10/1/2010c	10/1/2010c
F31a*	Hair Color, Texture and Treatment History	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na
L20	Repository Specimen Processing	10/1/2009	na	1/1/2011	na	1/1/2011	na	1/1/2011	na	1/1/2011	na

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LOCAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
L01	HIV ELISA and Western Blot	8/3/2007	na	8/3/2007	na	8/3/2007a	na	8/3/2007a	na	8/3/2007a	na
L02	Serum Antibody Tests - Hepatitis	na	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994a	na
L03	Automated CBC/Differential	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006a	na	10/1/2006a	na
L03a	Hand-Manual Differential	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004a	na	10/1/2004a	na
L04	Flow Cytometry	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na	10/1/2004	na
L05	Liver/Renal Function Tests	10/1/2009a	na	10/1/2009a	na	10/1/2009a	na	10/1/2009b	na	10/1/2009b	na
L06	Serum Antibody Tests - Syphilis Screening	na	na	10/1/2010	na	10/1/2010	na	10/1/2010	na	10/1/2010	na
L07*	Mantoux Skin Test Result Anergy Panel	na	na	na	na	na	na	na	na	na	na
L08*	PPD Skin Test	na	na	na	na	na	na	na	na	na	na
L09	Chlamydia	na	na	10/01/2001a	na	10/01/2001a	na	10/01/2001a	na	10/01/2001a	na
L10	Urinalysis	na	na	10/1/2010	na	10/1/2010	na	10/1/2010	na	10/1/2010	na
L11*	Urine Culture Results	na	na	na	na	na	na	na	na	na	na
L12*	(Urine) Pregnancy Test	10/1/2007	na	10/1/2007	na	10/1/2007	na	10/1/2007	na	10/1/2007	na
L13	Gonorrhea	na	na	10/01/2001a	na	10/01/2001a	na	10/01/2001a	na	10/01/2001a	na
L14	Colposcopy Results	4/1/2010	4/1/2010	10/1/2010	10/1/2010	10/1/2010a	10/1/2010a	10/1/2010a	10/1/2010a	10/1/2010a	10/1/2010a
L15	Biopsy Histopathology Pelvic Exam	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007
L16	Dysplasia Treatment	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997
L17*	Herpes Culture of Ulcers and Fissures	na	na	na	na	na	na	na	na	na	na
L18	Trichomonas Vaginalis Culture (optional)	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
L19*	CVL Processing	na	na	na	na	na	na	na	na	na	na

CENTRAL LAB FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
C30*	Toxoplasma Serology	na	na	na	na	na	na	na	na	na	na
C31*	Human Retrovirus Testing	na	na	na	na	na	na	na	na	na	na
C45	Bacterial Vaginosis Smear Gram Stain	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na	8/15/1994	na
C50*	Urine for Chlamydia	na	na	na	na	na	na	na	na	na	na
C52	HPV by PCR	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na	8/1/1995	na
C54	Viral Load	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na	4/1/2000	na
C60	Pap Smear	4/1/2002	na	10/1/2010	na	4/1/2011	na	4/1/2011	na	4/1/2011	na
C60a*	Pap Smear Retrospective Re-Read v1-15	na	na	na	na	na	na	na	na	na	na
C60b*	Pap Smear Retrospective Re-Read v16	na	na	na	na	na	na	na	na	na	na
C65*	Syphilis DFA - Genital Ulcers & Fissure	na	na	na	na	na	na	na	na	na	na
C66*	Serum Antibody Type-Specific Herpes Serology	na	na	na	na	na	na	na	na	na	na
C70*	Laboratory - Stimulated Saliva Evaluation	na	na	na	na	na	na	na	na	na	na
C71*	Laboratory - Subgingival Plaque	na	na	na	na	na	na	na	na	na	na
C72*	Laboratory - Erythematous Candidiasis Smear Results	na	na	na	na	na	na	na	na	na	na

ADMINISTRATIVE FORMS											
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	4/1/2010	na	10/1/2010a	na	10/1/2010b	na	10/1/2010b	na	10/1/2010b	na
ANTHRO	Anthropometry Training Form	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na
COLPO	Colposcopy Tracking Form	na	na	10/1/2010b	na	10/1/2010b	na	10/1/2010b	na	10/1/2010b	na
CONS	Consent Status Tracking Form	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2008	4/1/2012	4/1/2012
CRST*	Central Repository Shipment Tracking	na	na	na	na	na	na	na	na	na	na
DDE	Direct Data Entry Form	na	na	na	na	na	na	na	na	na	na
DENR	Disenrollment Form	4/1/2004	4/1/2004	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2011	10/1/2011	10/1/2011	10/1/2011
INT*	Interim Events Form	na	na	na	na	na	na	na	na	na	na
MVIS	Missed Visit Form	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/1998a	10/1/2011	10/1/2011	10/1/2011	10/1/2011
NRREF	New Recruit - Referral Checklist	na	na	10/1/2010	na	10/1/2010	na	10/1/2011	na	10/1/2011	na
REF	Referral Checklist	4/1/2009	na	4/1/2009	na	4/1/2009	na	10/1/2011	na	10/1/2011	na
TRANS	Transfer Form	10/1/2001c	10/1/2001c	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2010

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OUTCOMES ASCERTAINMENT FORMS											
Form#	Title	VISIT 32		VISIT 33		VISIT 34		VISIT 35		VISIT 36	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ACS*	Ascertainment Control Sheet	na	na	na	na	na	na	na	na	na	na
ACSR ATC*	ACSR Ascertainment Tracking Checklist	na	na	na	na	na	na	na	na	na	na
ATC	Ascertainment Tracking Checklist	10/1/2007c	10/1/2007b	10/1/2007c	10/1/2007b	10/1/2007d	10/1/2007b	10/1/2007e	10/1/2007b	10/1/2007f	10/1/2007c
CNCR	Cancer Registry Case Report	4/1/2008b	4/1/2008a	4/1/2008b	4/1/2008a	4/1/2008b	4/1/2008a	4/1/2008b	4/1/2008a	4/1/2008b	4/1/2008a
CORE	Clinical Outcomes Reporting Form	4/1/2010	4/1/2010	4/1/2010	4/1/2010	4/1/2010	4/1/2010	10/2/2011	10/2/2011	10/2/2011	10/2/2011
QCCD	QC Review of Cancer Diagnoses	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004
QCGY	QC Review of Gynecologic Material	10/1/2008	na	10/1/2008	na	10/1/2008	na	10/1/2008	na	10/1/2008	na
QCHS*	Hysterectomy Abstraction Form	na	na	na	na	na	na	na	na	na	na
QCLB	Liver Biopsy Abstraction Form	6/8/2007	na	6/8/2007	na	6/8/2007	na	6/8/2007	na	6/8/2007	na
QCSS	QC Central Review of Surgical Specimens	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na	10/1/2000	na
TB	TB - Verified Case Report	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999
VAC*	Vaccination History Form	na	na	na	na	na	na	na	na	na	na

CARDIOVASCULAR SUBSTUDY FORMS											
Form#	Title	VISIT 32		VISIT 33		VISIT 34		VISIT 35		VISIT 36	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
CVNOTI*	Participant Notification	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	10/1/2004c	10/1/2004a	10/1/2004c	10/1/2004a	10/1/2004e	10/1/2004a	na	na	na	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na

HHV-8 SUBSTUDY FORMS											
Form#	Title	VISIT 32		VISIT 33		VISIT 34		VISIT 35		VISIT 36	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
HVDENR*	Disenrollment	na	na	na	na	na	na	na	na	na	na
HVMVIS*	Missed Visit	na	na	na	na	na	na	na	na	na	na
HVNOTI*	Recruitment Outcome Form	na	na	na	na	na	na	na	na	na	na
HVSPEC*	Specimen Collection	na	na	na	na	na	na	na	na	na	na

INTENSIVE PK SUBSTUDY FORMS											
Form#	Title	VISIT 32		VISIT 33		VISIT 34		VISIT 35		VISIT 36	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
PK01*	Eligibility for Intensive PK Substudy	4/1/2009	na	4/1/2009	na	4/1/2009	na	4/1/2009	na	4/1/2009	na
PKNOTI*	PK: Participant notification	4/1/2009	na	4/1/2009	na	4/1/2009	na	4/1/2009	na	4/1/2009	na
PK02*	PK: Current Antiretroviral medication use	10/1/2004e	na	10/1/2004e	na	10/1/2004f	na	10/1/2004g	na	10/1/2004g	na
PK02a*	PK: Antiretroviral adherence	4/1/2003b	na	4/1/2003b	na	4/1/2003b	na	4/1/2003b	na	4/1/2003b	na
PK03*	PK: Recent illnesses, concurrent meds & OB/GYN hist	4/1/2009a	na	4/1/2009a	na	4/1/2009a	na	10/1/2011	na	10/1/2011	na
PK04*	PK: Recent substance use	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
PK05a*	PK: Weight and Specimen collection: group A	4/1/2009	na	4/1/2009	na	4/1/2009	na	4/1/2009	na	4/1/2009	na
PK05b*	PK: Weight and Specimen collection: group B	na	na	na	na	na	na	na	na	na	na
PK05c*	PK: Weight and Specimen collection: group C	na	na	na	na	na	na	na	na	na	na
PK06*	PK: Dosing of antiretroviral medications	4/1/2010	na	4/1/2010	na	6/1/2011	na	10/1/2011	na	10/1/2011	na
PK07*	PK: Plasma Separation and Freezing Form	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na	4/1/2003	na
PK08*	PK: Dietary Fat Percentage Questionnaire	5/14/2003a	na	5/14/2003a	na	5/14/2003a	na	5/14/2003b	na	5/14/2003b	na
PK-DIET*	PK: Dietary Assessment	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na	4/1/2003a	na

MALT / GALT SUBSTUDY FORMS											
Form#	Title	VISIT 32		VISIT 33		VISIT 34		VISIT 35		VISIT 36	
		Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
MG01	Pre-Eligibility (complete after core)	6/10/2010	10/1/2009	6/10/2010	10/1/2009	6/10/2010	10/1/2009	6/10/2010	10/1/2009	6/10/2010	10/1/2009
MG02	Pre-Eligibility (complete by study coordinator)	8/24/2010	na	8/24/2010	na	8/24/2010	na	8/24/2010	na	8/24/2010	na
MG03	Screening Visit	8/24/2010	10/1/2009	8/24/2010	10/1/2009	8/24/2010	10/1/2009	8/24/2010	10/1/2009	8/24/2010	10/1/2009
MG04	Notification of Enrollment (NOTI)	8/24/2010	na	8/24/2010	na	8/24/2010	na	8/24/2010	na	8/24/2010	na
MG05	Colonoscopy/EMB Preparation Checklist/Worksheet	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na
MG06	Colonoscopy Procedure Form	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na
MG07	Endometrial & Endocervical Biopsy Procedure Form	8/24/2010	na	8/24/2010	na	8/24/2010	na	8/24/2010	na	8/24/2010	na
MG08*	Biopsy Specimen Tracking Form	na	na	na	na	na	na	na	na	na	na
MG08a	Biopsy Specimen Tracking Form (Colonoscopy)	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na
MG08b	Biopsy Specimen Tracking Form (Endometrial)	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na
MG09	Serum Progesterone and Colonocopy Reports	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na	6/10/2010	na

* Discontinued forms

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

NEUROCOGNITION AND AGING FORMS											
		VISIT 32		VISIT 33		VISIT 34		VISIT 35		VISIT 36	
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
BLSA*	Baltimore Longitudinal Study of Aging	na	na	na	na	na	na	10/1/2011	10/1/2011	10/1/2011	10/1/2011
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
IADL-LF	Instrumental Activities of Daily Living - Long Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	10/1/2009a	10/1/2009	10/1/2009a	10/1/2009	10/1/2009c	10/1/2009a	10/1/2011	10/1/2011	10/1/2011	10/1/2011
NC01a	Cognitive Measures (Standard TMT and SDMT)	4/1/2009b	4/1/2009b	4/1/2009b	4/1/2009b	4/1/2009b	4/1/2009b	4/1/2009b	4/1/2009b	4/1/2009b	4/1/2009b
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC01b*	Cognitive Measures (Color TMT)	na	na	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	4/1/2009	4/1/2009b	4/1/2009	4/1/2009b	4/1/2009	4/1/2009b	4/1/2009	4/1/2009b	4/1/2009	4/1/2009b
NC03	Educational Experience	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a
NC04	Wechsler Test of Adult Reading (WTAR)	4/1/2009	4/1/2009a	4/1/2009	4/1/2009a	4/1/2009	4/1/2009a	4/1/2009	4/1/2009a	4/1/2009	4/1/2009a
NC05	Interviewer Feedback	na	na	na	na	na	na	10/1/2011	10/1/2011	10/1/2011	10/1/2011
NC06	Hopkins Verbal Learning Test-Revised	4/1/2009a	4/1/2009a	4/1/2009a	04/01/2009b	4/1/2011	4/1/2011	4/1/2011a	4/1/2011a	4/1/2011a	4/1/2011a
NC07	Stroop Test	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009
NC08	Verbal Fluency	10/1/2009	10/1/2009	10/01/2009a	10/1/2009	10/01/2009a	10/1/2009	10/01/2009a	10/1/2009	10/01/2009a	10/1/2009
NC09	Letter Number Span	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009	10/1/2009
NC10	Grooved Pegboard	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009	4/1/2009
PAQ	Physical Activity Questionnaire	na	na	na	na	na	na	na	na	na	na
PBM	Functional Performance Tests	na	na	na	na	na	na	10/1/2011b	na	10/1/2011c	na
PTSD	Stress Assessment Questionnaire	10/1/2008d	na	10/1/2008d	na	10/1/2008e	na	10/1/2008e	na	10/1/2008e	na

NIDA I/V AND HCU

<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
NI01*	Health Care Utilization Collaborative WIHS/HERS Interview	na	na	na	na	na	na	na	na	na	na
NI02*	General Abstraction	na	na	na	na	na	na	na	na	na	na
NI03*	Pneumonia Abstraction	na	na	na	na	na	na	na	na	na	na
NI04*	Pneumonia Episode Abstraction	na	na	na	na	na	na	na	na	na	na
NI05*	Diarrhea Abstraction	na	na	na	na	na	na	na	na	na	na
NVNOTI*	Participant Notification	na	na	na	na	na	na	na	na	na	na
NV01*	Enrollment Interview	na	na	na	na	na	na	na	na	na	na
NV02*	Antiretroviral Drug Use	na	na	na	na	na	na	na	na	na	na
NV03*	Specimen Collection	na	na	na	na	na	na	na	na	na	na
NV04*	Specimen Processing	na	na	na	na	na	na	na	na	na	na
NV05*	Flow Cytometry	na	na	na	na	na	na	na	na	na	na
NV06*	RNA Quantification on CVL	na	na	na	na	na	na	na	na	na	na
NV07*	Urine Toxicology	na	na	na	na	na	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 32	VISIT 33	VISIT 34	VISIT 35	VISIT 36					
ORAL PROTOCOL FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>		
OPNOTI*	Oral Protocol Participant Notification (expansion)	na	na	na	na	na	na	na	na		
OP01*	Medical Evaluation	na	na	na	na	na	na	na	na		
OP02*	Research Interview	na	na	na	na	na	na	na	na		
OP03*	Saliva Sample Collection	na	na	na	na	na	na	na	na		
OP04*	Oral Mucosal Tissue Exam	na	na	na	na	na	na	na	na		
OP04a*	Addendum	na	na	na	na	na	na	na	na		
OP05*	Smear Results	na	na	na	na	na	na	na	na		
OP06*	Tooth Count & Random Half Mouth	na	na	na	na	na	na	na	na		
OP07*	Plaque Index	na	na	na	na	na	na	na	na		
OP08*	Gingival Banding Score	na	na	na	na	na	na	na	na		
OP09*	Papillary Assessment	na	na	na	na	na	na	na	na		
OP10*	Subgingival Plaque	na	na	na	na	na	na	na	na		
OP11*	Coronal Caries	na	na	na	na	na	na	na	na		
OP12*	Root Caries	na	na	na	na	na	na	na	na		
OP13*	Gingival Bleeding	na	na	na	na	na	na	na	na		
OP14*	Loss of Attachment	na	na	na	na	na	na	na	na		
OP15*	Dental Prostheses	na	na	na	na	na	na	na	na		
OP16*	Oral Referral and F/U	na	na	na	na	na	na	na	na		
PREGNANCY PROTOCOL FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>		
PRNOTI*	Enrollment	na	na	na	na	na	na	na	na		
PR01*	Pregnancy Form	na	na	na	na	na	na	na	na		
PR02*	Post-partum Form	na	na	na	na	na	na	na	na		
PROSPECTIVE METABOLIC (MS) AND MUCKULOSKELETAL (MSK) SUB											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>		
MSKSCR	MSK: Screening form	na	na	na	na	na	na	10/25/2011	na	10/25/2011	na
MSSCR*	MS: Screening form	na	na	na	na	na	na	na	na	na	na
MSKNOTI	MSK: Participant notification	na	na	na	na	na	na	10/1/2011	na	10/1/2011	na
MSNOTI*	MS: Participant notification	na	na	na	na	na	na	na	na	na	na
MSK01	MSK: Participant Data Log DXA/VFA	na	na	na	na	na	na	10/1/2011	na	10/1/2011	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	na	na	na	na	na	na	na	na
MSK02	MSK: Participant Data Log QCT	na	na	na	na	na	na	10/1/2011	na	10/1/2011	na
MS02*	MS: Lab test report form	na	na	na	na	na	na	na	na	na	na
MS03*	MS: Participant Data Log	na	na	na	na	na	na	na	na	na	na
PULMONARY SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>		
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	10/1/2008	10/1/2008	na	na	na	na	na	na	na	na
SEX STEROID SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>		
SSSCR*	SS: Sex steroid screening form	na	na	na	na	na	na	na	na	na	na
SSNOTI*	SS: Participant notification	na	na	na	na	na	na	na	na	na	na
SS01*	SS: Sex steroid lab test report form	na	na	na	na	na	na	na	na	na	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

		VISIT 32	VISIT 33	VISIT 34	VISIT 35	VISIT 36					
VRS SUBSTUDY FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
VRSNOTI*	VRS Enrollment Form	na	na	na	na	na	na	na	na	na	na
VRS01 *	Stage II Eligibility	na	na	na	na	na	na	na	na	na	na
VRS01r*	VRS Eligibility for VRS Supplement	na	na	na	na	na	na	na	na	na	na
VRS03*	VRS Illnesses and Medications	na	na	na	na	na	na	na	na	na	na
VRS04*	VRS Antiviral Medications	na	na	na	na	na	na	na	na	na	na
VRS05*	VRS Screening to Determine Changes in HAART Regimen	na	na	na	na	na	na	na	na	na	na
VRS06*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	na	na
VRS06r*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na	na	na	na	na
VRS10*	VRS Plasma Separation and Freezing	na	na	na	na	na	na	na	na	na	na
VRS29*	VRS Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na

EXPANSION FORMS											
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
EL	New Recruit Eligibility Form	na	na	1/11/2011	1/11/2011	5/27/2011	5/27/2011	10/2/2011	10/2/2011	10/2/2011a	10/2/2011a
F7r	Physical Exam Addendum	na	na	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2010	10/1/2010
F20	New Recruit Baseline History	na	na	10/1/2010a	10/1/2010a	4/2/2011	4/2/2011	10/1/2011	10/1/2011	10/1/2011	10/1/2011a
F20a*	New Recruit Baseline History: Addendum	na	na	na	na	na	na	na	na	na	na
F22r*	New Recruit ART History	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	10/1/2006a	10/1/2006a	10/1/2006a	10/1/2006a	10/1/2006a	10/1/2006a	10/1/2006a	10/1/2006a
F29r	Blood Specimen Collection Form	na	na	10/1/2010a	na	10/1/2010a	na	10/2/2011	na	10/2/2011a	na
F31r	Specimens Collected During PE	na	na	10/1/2010	na	10/1/2010a	na	10/1/2010b	na	10/1/2010b	na
RAB	Retrospective Medical Record Abstraction	na	na	2/11/2011a	2/11/2011a	5/27/2011	5/27/2011	10/1/2011	10/1/2011	10/1/2011a	10/1/2011
RAB App	Retrospective Medical Record Abstraction Appendix	na	na	2/11/2011a	na	5/27/2011	na	10/1/2011	na	10/1/2011a	na
SCR	New Recruit Sreening Form	na	na	2/11/2011	2/11/2011	2/11/2011b	2/11/2011	10/2/2011	10/2/2011	4/1/2012	4/1/2012

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

SPANISH VERSIONS		VISIT 32		VISIT 33		VISIT 34		VISIT 35		VISIT 36	
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	4/1/2010	na	10/1/2010a	na	10/1/2010b	na	10/1/2010b	na	10/1/2010b	na
ADF	Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
ADF02	Follow-up Autoimmune Disease Form	na	na	na	na	na	na	na	na	na	na
BCS	Contraceptive Use Questionnaire	na	na	na	na	na	na	na	na	na	na
BLSA*	Baltimore Longitudinal Study of Aging Questions	na	na	na	na	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	na	na	na	na	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	10/1/2004a	na	10/1/2004a	na	10/1/2004c	na	10/1/2004c	na	na	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/1/2005e	na	10/1/2005e	na	10/1/2005g	na	10/1/2011	na	10/1/2011	na
DRUG2	Non-antiviral Medications	10/1/2004f	na	10/1/2004f	na	10/1/2004f	na	10/1/2004g	na	10/1/2004h	na
DRUG3	Hepatitis Medications	10/1/2004d	na	10/1/2004e	na	10/1/2004g	na	10/1/2011	na	10/1/2011	na
F07	Physical Exam	10/1/2009	na	10/1/2009	na	10/1/2009	na	10/1/2011	na	10/01/2011a	na
F20	New Recruit Baseline History (Spanish)	na	na	10/1/2010	na	4/2/2011	na	10/1/2011	na	10/1/2011	na
F20a*	New Recruit Baseline History: Addendum (Spanish)	na	na	na	na	na	na	na	na	na	na
F01*/F21	Sociodemographics	4/1/2010	na	4/1/2010	na	4/1/2010a	na	10/1/2011	na	4/1/2012a	na
F02*/F22*	Medical & Health History	na	na	na	na	na	na	na	na	na	na
F22HX	Follow-up Health History	4/1/2010	na	10/1/2010	na	4/1/2011	na	10/1/2011	na	10/1/2011a	na
F22MED	Medication History	4/1/2010a	na	10/1/2010a	na	4/1/2011a	na	10/1/2011a	na	10/1/2011b	na
F22r *	New Recruit ART History	na	na	na	na	na	na	na	na	na	na
F03*/F23	OB/GYN History	10/1/2009a	na	10/01/2009b	na	4/1/2011a	na	4/1/2011b	na	4/1/2011c	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na	na	na	na	na
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	na	na	na	na	na	na	na	na	na	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visits 25+)	4/1/2010	na	10/1/2010	na	4/1/2011	na	10/1/2011	na	4/1/2012b	na
F05*/F25	Health Care Utilization	10/1/2008	na	10/1/2008	na	10/1/2008	na	10/1/2008	na	10/1/2008	na
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25b*	Mental Health Care Utilization Supplement	na	na	na	na	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	na	na	na	na	na	na
F06*/F26	Psychosocial	10/1/2005c	na	10/1/2005c	na	10/1/2005c	na	10/1/2005c	na	4/1/2012	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na	na	na	na	na
F26r	History of Abuse	na	na	10/1/2006a	na	10/1/2006a	na	10/1/2006a	na	10/1/2006a	na
F29	Blood Specimen Collection Form	10/1/2008b	na	10/1/2010	na	10/1/2010	na	10/1/2011a	na	10/1/2011b	na
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2009	na	10/1/2009	na	10/1/2009a	na	10/1/2009b	na	10/1/2009b	na
F29r	Blood Specimen Collection Form - New Recruits	na	na	10/1/2010a	na	10/1/2010a	na	10/2/2011	na	10/2/2011a	na
F31a*	Hair Color, Texture and Treatment History	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na	10/1/2006	na
FIS	Food Insecurity Survey	na	na	na	na	na	na	na	na	na	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	10/1/2008a	na	10/1/2008a	na	na	na
HX	Family and Personal Medical History	na	na	10/1/2010a	na	10/1/2010a	na	10/1/2010a	na	10/1/2010a	na
INT*	Interim Events Form	na	na	na	na	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	10/1/2009a	na	10/1/2009a	na	10/1/2009b	na	10/1/2011	na	10/1/2011	na
MSKSCR	Musculoskeletal Substudy Screening Form	na	na	na	na	na	na	10/25/2011	na	10/25/2011	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	na	na	na	na	na	na	na	na
NC01a*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na	na	na	na	na
NC02a	English Word List (WRAT)	4/1/2009	na	4/1/2009	na	4/1/2009	na	4/1/2009	na	4/1/2009	na
NC02b	Spanish Word List (WAT)	4/1/2009	10/1/2004b	4/1/2009	10/1/2004b	4/1/2009	10/1/2004b	4/1/2009	4/1/2009	4/1/2009a	4/1/2009
NC03	Educational Experience	10/1/2004a	na	10/1/2004a	na	10/1/2004a	na	10/1/2004a	na	10/1/2004a	na

WOMEN'S INTERAGENCY HIV STUDY - FORM AND QxQ VERSIONS - VISIT 39

SPANISH VERSIONS (continued)		VISIT 32	VISIT 33	VISIT 34	VISIT 35	VISIT 36
NI01*	NIDA Health Care Utilization Interview	na na	na na	na na	na na	na na
NP01	Neuropathy Signs and Symptoms - baseline	na na	10/1/2007c na	10/1/2007c na	10/1/2007c na	10/1/2007d na
NP02	Neuropathy Signs and Symptoms - follow up	4/1/2009c na	4/1/2009c na	4/1/2009c na	4/1/2009c na	4/1/2009d na
OP02*	Oral Interview	na na	na na	na na	na na	na na
PAQ	Physical Activity Questionnaire	na na	na na	na na	na na	na na
PBM	Performance-based Measurements	na na	na na	na na	10/1/2011a na	10/1/2011b na
PK02*	PK: Current Antiretroviral Medication Use	10/1/2004e na	10/1/2004e na	10/1/2004f na	10/1/2004g na	10/1/2004g na
PK02a*	PK: Antiretroviral Adherence	4/1/2003b na	4/1/2003b na	4/1/2003b na	4/1/2003b na	4/1/2003b na
PK03*	PK: Recent Illnesses, Concurrent Meds & OB/GYN History	4/1/2009 na	4/1/2009 na	4/1/2009 na	10/1/2011 na	10/1/2011 na
PK04*	PK: Recent Substance Use	4/1/2003a na	4/1/2003a na	4/1/2003a na	4/1/2003a na	4/1/2003a na
PK08*	PK: Dietary Fat Percentage Questionnaire	4/1/2010 na	4/1/2010 na	4/1/2010 na	4/1/2010a na	4/1/2010a na
PMU	Pain Medication Use Questionnaire	na na	na na	na na	na na	na na
PMU02	Follow-up Pain Medication Use Questionnaire	na na	na na	na na	na na	na na
PQBL*	Baseline Pulmonary Questionnaire	na na	na na	na na	na na	na na
PQ02*	Follow-up Pulmonary Questionnaire	10/1/2008 na	na na	na na	na na	na na
PREP*	HIV Prevention Technologies	na na	na na	na na	10/1/2011 na	na na
PTSD*	Civilian Post-Traumatic Stress Disorder Questionnaire	na na	na na	na na	na na	na na
RACE	Ethnicity and Race Questionnaire	na na	na na	na na	10/1/2011 na	10/1/2011a na
SDCQ	San Diego Claudication Questionnaire	na na	na na	na na	na na	na na
SCR	New Recruit Sreening Form	na na	2/11/2011 na	2/11/2011b na	10/2/2011 na	4/1/2012 na
SSSCR*	SS: Sex steroid Screening Form	na na	na na	na na	na na	na na

* Discontinued forms

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FOLLOW-UP INTERVIEW/EXAM FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ABI	Arterial Brachial Index Measurement Form	na	na	na	na	10/1/2013	10/1/2013
DRUG1	Antiretroviral Medications	10/1/2011a	10/1/2011	10/1/2011a	10/1/2011	10/1/2013	10/1/2013
DRUG2	Non-antiviral Medications	10/1/2004g	10/1/2004c	10/1/2004g	10/1/2004c	10/1/2013	10/1/2013
DRUG3	Hepatitis Medications	10/1/2011	10/1/2011	10/1/2011	10/1/2011	10/1/2011a	10/1/2011a
DSG	Antiretroviral Dosage	10/02/2005r	10/02/2005j	10/02/2005s	10/02/2005j	10/02/2005t	10/02/2005j
F07	Physical Exam	10/1/2012	10/1/2012	10/1/2012a	10/1/2012b	10/1/2013	10/1/2013
F08	Gynecological Exam	10/1/2011a	10/1/2011	4/1/2013	4/1/2013	10/1/2013	10/1/2013
F08a	Potential CVL Contaminants	10/1/2005	na	10/1/2005	na	10/1/2005	na
F01*/F21	Sociodemographics	10/1/2012	10/1/2012	10/1/2012a	10/1/2012a	10/1/2013	10/1/2013
F02*/F22*	Medical & Health History (visits 1 - 16)	na	na	na	na	na	na
F22HX	Follow-up Health History (visit 17+)	10/1/2012	10/1/2012	4/1/2013	4/1/2013	10/1/2013	10/1/2013
F22MED	Medication History (visit 17+)	10/1/2011c	10/1/2011c	10/1/2011d	10/1/2011d	10/1/2013	10/1/2013
F03*/F23	OB/GYN History	4/1/2011c	4/1/2011c	4/1/2011d	4/1/2011d	10/1/2013	10/1/2013
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	na	na	na	na	na	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visit 25+)	10/1/2012	10/1/2012	4/1/2013a	4/1/2013a	10/1/2013	10/1/2013
F05*/F25	Health Care Utilization	10/1/2008	10/1/2008	10/1/2008a	10/1/2008a	10/1/2013	10/1/2013
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	10/1/2013	na
F06*/F26	Psychosocial	10/1/2012	10/1/2012	10/1/2012	10/1/2012	10/2/2013	10/2/2013
HX	Family and Personal Medical History	10/1/2010a	10/1/2010a	4/1/2013	4/1/2013	4/1/2013	4/1/2013
NP01	Neuropathy Signs and Symptoms - baseline	10/1/2007c	10/1/2007b	10/1/2007c	10/1/2007b	10/1/2007c	10/1/2007b
NP02	Neuropathy Signs and Symptoms - follow up	4/1/2009c	4/1/2009b	4/1/2009c	4/1/2009b	4/1/2009c	4/1/2009c
SDCQ	San Deigo Claudication Questionnaire	na	na	na	na	10/1/2013	10/1/2013

MISCELLANEOUS SUBSTUDY FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ADF	Autoimmune Disease Form	10/1/2012	10/1/2012	10/1/2012	10/1/2012	10/1/2012	10/1/2012
ADF02	Follow-up Autoimmune Disease Form	na	na	4/1/2013	4/1/2013	4/1/2013	4/1/2013
BCS	Contraceptive Use Survey	na	na	na	na	10/1/2013	na
BPI	Brief Pain Inventory-Short Form	10/17/2012	10/17/2012	10/17/2012	10/17/2012	10/17/2012	10/17/2012
DERM*	Dermatology Addendum	na	na	na	na	na	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na
F25b*	Mental Health Care Utilization	na	na	na	na	na	na
FIS	Food Insecurity Survey	na	na	6/24/2013	6/24/2013	10/1/2013	10/1/2013
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na
MINOTI*	Mucosal Immunity Notificaiton Form	na	na	na	na	na	na
PMU	Pain Medication Use Questionnaire	11/30/2012	11/30/2012	11/30/2012	11/30/2012	11/30/2012	11/30/2012
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	na	na	10/1/2013	10/1/2013
PREP*	HIV Prevention Technologies	na	na	na	na	na	na
RACE	Ethnicity and Race Questionnaire	10/1/2011b	na	10/1/2011b	na	10/1/2011b	na
TRUST*	Opinions about Health System and HIV/AIDS	na	na	na	na	na	na

SPECIMEN COLLECTION FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
F10*	Plasma & Cell Separation and Freezing	na	na	na	na	na	na
F09*/F29	Blood Specimen Collection Form	10/1/2012	10/1/2012	10/1/2012	10/1/2012	10/1/2013	10/1/2013a
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2009c	10/1/2009	10/1/2009c	10/1/2009	10/1/2009d	10/1/2009
F11*/F31	Specimens Collected During PE	10/1/2010c	10/1/2010c	10/1/2010d	10/1/2010d	10/1/2013	10/1/2013
F31a*	Hair Color, Texture and Treatment History	10/1/2006	na	10/1/2006	na	na	na
L20	Repository Specimen Processing	1/1/2011	na	1/1/2011	na	1/1/2011	na

* Discontinued forms

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LOCAL LAB FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
L01	HIV ELISA and Western Blot	8/3/2007a	na	8/3/2007a	na	8/3/2007a	na
L02	Serum Antibody Tests - Hepatitis	8/15/1994a	na	8/15/1994a	na	8/15/1994b	na
L03	Automated CBC/Differential	10/1/2006a	na	10/1/2006a	na	10/1/2006a	na
L03a	Hand-Manual Differential	10/1/2004a	na	10/1/2004a	na	10/1/2004a	na
L04	Flow Cytometry	10/1/2004	na	10/1/2004	na	10/1/2013	na
L05	Liver/Renal Function Tests	10/1/2009b	na	10/1/2009b	na	10/1/2009b	na
L06	Serum Antibody Tests - Syphilis Screening	10/1/2010	na	10/1/2010	na	10/1/2010	na
L07*	Mantoux Skin Test Result Anergy Panel	na	na	na	na	na	na
L08*	PPD Skin Test	na	na	na	na	na	na
L09	Chlamydia	10/01/2001a	na	10/01/2001a	na	10/01/2001a	na
L10	Urinalysis	10/1/2010	na	10/1/2010	na	10/1/2010	na
L11*	Urine Culture Results	na	na	na	na	na	na
L12*	(Urine) Pregnancy Test	10/1/2007	na	10/1/2007	na	na	na
L13	Gonorrhea	10/01/2001a	na	10/01/2001a	na	10/01/2001a	na
L14	Colposcopy Results	10/1/2012	10/1/2012	10/1/2012	10/1/2012	10/1/2012a	10/1/2012a
L15	Biopsy Histopathology Pelvic Exam	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007	10/1/2007a	10/1/2007
L16	Dysplasia Treatment	5/1/1995	9/15/1997	5/1/1995	9/15/1997	5/1/1995	9/15/1997
L17*	Herpes Culture of Ulcers and Fissures	na	na	na	na	na	na
L18	Trichomonas Vaginalis Culture (optional)	8/15/1994	na	8/15/1994	na	8/15/1994	na
L19*	CVL Processing	na	na	na	na	na	na

CENTRAL LAB FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
C30*	Toxoplasma Serology	na	na	na	na	na	na
C31*	Human Retrovirus Testing	na	na	na	na	na	na
C45	Bacterial Vaginosis Smear Gram Stain	8/15/1994	na	8/15/1994	na	8/15/1994	na
C50*	Urine for Chlamydia	na	na	na	na	na	na
C52	HPV by PCR	8/1/1995	na	8/1/1995	na	8/1/1995	na
C54	Viral Load	4/1/2000	na	4/1/2000	na	4/1/2000	na
C60	Pap Smear	4/1/2011	na	4/1/2011	na	4/1/2011	na
C60a*	Pap Smear Retrospective Re-Read v1-15	na	na	na	na	na	na
C60b*	Pap Smear Retrospective Re-Read v16	na	na	na	na	na	na
C65*	Syphilis DFA - Genital Ulcers & Fissure	na	na	na	na	na	na
C66*	Serum Antibody Type-Specific Herpes Serology	na	na	na	na	na	na
C70*	Laboratory - Stimulated Saliva Evaluation	na	na	na	na	na	na
C71*	Laboratory - Subgingival Plaque	na	na	na	na	na	na
C72*	Laboratory - Erythematous Candidiasis Smear Results	na	na	na	na	na	na

ADMINISTRATIVE FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ABRV	Abbreviated Visit	10/1/2010b	na	10/1/2010b	na	10/1/2010b	na
ANTHRO	Anthropometry Training Form	10/1/2002a	na	10/1/2002a	na	10/1/2002a	na
COLPO	Colposcopy Tracking Form	10/1/2010b	na	10/1/2010b	na	10/1/2010b	na
CONS	Consent Status Tracking Form	4/1/2012	4/1/2012	4/1/2012	4/1/2012	4/1/2012	4/1/2012
CRST*	Central Repository Shipment Tracking	na	na	na	na	na	na
DDE	Direct Data Entry Form	na	na	4/1/2013	na	10/1/2013	na
DENR	Disenrollment Form	10/1/2011	10/1/2011	10/1/2011a	10/1/2011a	10/1/2011b	10/1/2011b
INT*	Interim Events Form	na	na	na	na	na	na
MVIS	Missed Visit Form	10/1/2011	10/1/2011	10/1/2011	10/1/2011	10/1/2011	10/1/2011
NRREF	New Recruit - Referral Checklist	10/1/2011	na	5/22/2013	na	5/22/2013	na
REF	Referral Checklist	10/1/2011	na	10/1/2011	na	10/1/2011	na
TRANS	Transfer Form	10/1/2010	10/1/2010	10/1/2010a	10/1/2010a	10/1/2010b	10/1/2010b

* Discontinued forms

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OUTCOMES ASCERTAINMENT FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
ACS*	Ascertainment Control Sheet	na	na	na	na	na	na
ACSR ATC*	ACSR Ascertainment Tracking Checklist	na	na	na	na	na	na
ATC	Ascertainment Tracking Checklist	10/1/2007f	10/1/2007c	10/1/2007g	10/1/2007c	10/1/2007g	10/1/2007c
CNCR	Cancer Registry Case Report	4/1/2008b	4/1/2008a	4/1/2008b	4/1/2008a	4/1/2008b	4/1/2008a
CORE	Clinical Outcomes Reporting Form	10/2/2011	10/2/2011	10/2/2011	10/2/2011	10/2/2011	10/2/2011
QCCD	QC Review of Cancer Diagnoses	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004	4/1/2004
QCGY	QC Review of Gynecologic Material	10/1/2008	na	10/1/2008	na	10/1/2008	na
QCHS*	Hysterectomy Abstraction Form	na	na	na	na	na	na
QCLB	Liver Biopsy Abstraction Form	6/8/2007	na	6/8/2007	na	6/8/2007	na
QCSS	QC Central Review of Surgical Specimens	10/1/2000	na	10/1/2000	na	10/1/2000	na
TB	TB - Verified Case Report	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999	1/12/1999
VAC*	Vaccination History Form	na	na	na	na	na	na

CARDIOVASCULAR SUBSTUDY FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
CVNOTI*	Participant Notification	na	na	na	na	na	na
CV01*	Carotid Ultrasound Tracking Form	na	na	na	na	na	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na

HHV-8 SUBSTUDY FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
HVDENR*	Disenrollment	na	na	na	na	na	na
HVMVIS*	Missed Visit	na	na	na	na	na	na
HVNOTI*	Recruitment Outcome Form	na	na	na	na	na	na
HVSPEC*	Specimen Collection	na	na	na	na	na	na

INTENSIVE PK SUBSTUDY FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PK01*	Eligibility for Intensive PK Substudy	4/1/2009	na	na	na	na	na
PKNOTI*	PK: Participant notification	4/1/2009	na	na	na	na	na
PK02*	PK: Current Antiretroviral medication use	10/1/2004h	na	na	na	na	na
PK02a*	PK: Antiretroviral adherence	4/1/2003b	na	na	na	na	na
PK03*	PK: Recent illnesses, concurrent meds & OB/GYN hist	10/1/2011	na	na	na	na	na
PK04*	PK: Recent substance use	4/1/2003	na	na	na	na	na
PK05a*	PK: Weight and Specimen collection: group A	4/1/2009	na	na	na	na	na
PK05b*	PK: Weight and Specimen collection: group B	na	na	na	na	na	na
PK05c*	PK: Weight and Specimen collection: group C	na	na	na	na	na	na
PK06*	PK: Dosing of antiretroviral medications	10/2/2012	na	na	na	na	na
PK07*	PK: Plasma Separation and Freezing Form	4/1/2003	na	na	na	na	na
PK08*	PK: Dietary Fat Percentage Questionnaire	5/14/2003b	na	na	na	na	na
PK-DIET*	PK: Dietary Assessment	4/1/2003a	na	na	na	na	na

MALT / GALT SUBSTUDY FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
MG01	Pre-Eligibility (complete after core)	6/10/2010	10/1/2009	6/10/2010	10/1/2009	6/10/2010	10/1/2009
MG02	Pre-Eligibility (complete by study coordinator)	8/24/2010	na	8/24/2010	na	8/24/2010	na
MG03	Screening Visit	8/24/2010	10/1/2009	8/24/2010	10/1/2009	8/24/2010	10/1/2009
MG04	Notification of Enrollment (NOTI)	8/24/2010	na	8/24/2010	na	8/24/2010	na
MG05	Colonoscopy/EMB Preparation Checklist/Worksheet	6/10/2010	na	6/10/2010	na	6/10/2010	na
MG06	Colonoscopy Procedure Form	6/10/2010	na	6/10/2010	na	6/10/2010	na
MG07	Endometrial & Endocervical Biopsy Procedure Form	8/24/2010	na	8/24/2010	na	8/24/2010	na
MG08*	Biopsy Specimen Tracking Form	na	na	na	na	na	na
MG08a	Biopsy Specimen Tracking Form (Colonoscopy)	6/10/2010	na	6/10/2010	na	6/10/2010	na
MG08b	Biopsy Specimen Tracking Form (Endometrial)	6/10/2010	na	6/10/2010	na	6/10/2010	na
MG09	Serum Progesterone and Colonocopy Reports	6/10/2010	na	6/10/2010	na	6/10/2010	na

* Discontinued forms

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NEUROCOGNITION AND AGING FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
BLSA*	Baltimore Longitudinal Study of Aging	10/1/2011	10/1/2011	10/1/2011	10/1/2011	na	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na
IADL-LF	Instrumental Activities of Daily Living - Long Form	na	na	4/1/2013a	4/1/2013a	4/1/2013b	4/1/2013b
MEN01	Menopause Symptom Questionnaire	10/1/2011	10/1/2011	10/1/2011	10/1/2011	10/1/2013	10/1/2013
NC01a	Cognitive Measures (Standard TMT and SDMT)	4/1/2009c	4/1/2009c	4/1/2009d	4/1/2009c	4/1/2009e	4/1/2009d
NC01a*	Interviewer Script	na	na	na	na	na	na
NC01b*	Cognitive Measures (Color TMT)	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na
NC02a	English Word List (WRAT)	4/1/2009	4/1/2009b	4/1/2009a	4/1/2009b	4/1/2009b	4/1/2009c
NC03	Educational Experience	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a	10/1/2004a
NC04	Wechsler Test of Adult Reading (WTAR)	4/1/2009	4/1/2009a	4/1/2009a	4/1/2009a	4/1/2009b	4/1/2009b
NC05	Interviewer Feedback	10/1/2011	10/1/2011	10/1/2011	10/1/2011	10/1/2011	na
NC06	Hopkins Verbal Learning Test-Revised	4/1/2011a	4/1/2011a	4/1/2011c	4/1/2011b	4/1/2011d	4/1/2011c
NC07	Stroop Test	4/1/2009	4/1/2009	4/1/2009a	4/1/2009a	4/1/2009b	4/1/2009b
NC08	Verbal Fluency	10/01/2009a	10/1/2009	10/1/2009b	10/1/2009a	10/1/2009c	10/1/2009b
NC09	Letter Number Span	10/1/2009	10/1/2009	10/1/2009a	10/1/2009a	10/1/2009b	10/1/2009b
NC10	Grooved Pegboard	4/1/2009	4/1/2009	4/1/2009	4/1/2009a	4/1/2009	4/1/2009b
PAQ	Physical Activity Questionnaire	na	na	na	na	4/1/2005	na
PBM	Functional Performance Tests	10/1/2011c	na	10/1/2011c	na	10/1/2011c	na
PTSD	Stress Assessment Questionnaire	10/1/2008e	na	10/1/2008e	na	10/1/2008e	na

NIDA I/V AND HCU							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
NI01*	Health Care Utilization Collaborative WIHS/HERS Interview	na	na	na	na	na	na
NI02*	General Abstraction	na	na	na	na	na	na
NI03*	Pneumonia Abstraction	na	na	na	na	na	na
NI04*	Pneumonia Episode Abstraction	na	na	na	na	na	na
NI05*	Diarrhea Abstraction	na	na	na	na	na	na
NVNOTI*	Participant Notification	na	na	na	na	na	na
NV01*	Enrollment Interview	na	na	na	na	na	na
NV02*	Antiretroviral Drug Use	na	na	na	na	na	na
NV03*	Specimen Collection	na	na	na	na	na	na
NV04*	Specimen Processing	na	na	na	na	na	na
NV05*	Flow Cytometry	na	na	na	na	na	na
NV06*	RNA Quantification on CVL	na	na	na	na	na	na
NV07*	Urine Toxicology	na	na	na	na	na	na

* Discontinued forms

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ORAL PROTOCOL FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
OPNOTI*	Oral Protocol Participant Notification (expansion)	na	na	na	na	na	na
OP01*	Medical Evaluation	na	na	na	na	na	na
OP02*	Research Interview	na	na	na	na	na	na
OP03*	Saliva Sample Collection	na	na	na	na	na	na
OP04*	Oral Mucosal Tissue Exam	na	na	na	na	na	na
OP04a*	Addendum	na	na	na	na	na	na
OP05*	Smear Results	na	na	na	na	na	na
OP06*	Tooth Count & Random Half Mouth	na	na	na	na	na	na
OP07*	Plaque Index	na	na	na	na	na	na
OP08*	Gingival Banding Score	na	na	na	na	na	na
OP09*	Papillary Assessment	na	na	na	na	na	na
OP10*	Subgingival Plaque	na	na	na	na	na	na
OP11*	Coronal Caries	na	na	na	na	na	na
OP12*	Root Caries	na	na	na	na	na	na
OP13*	Gingival Bleeding	na	na	na	na	na	na
OP14*	Loss of Attachment	na	na	na	na	na	na
OP15*	Dental Prostheses	na	na	na	na	na	na
OP16*	Oral Referral and F/U	na	na	na	na	na	na

PREGNANCY PROTOCOL FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PRNOTI*	Enrollment	na	na	na	na	na	na
PR01*	Pregnancy Form	na	na	na	na	na	na
PR02*	Post-partum Form	na	na	na	na	na	na

PROSPECTIVE METABOLIC (MS) AND MUCKULOSKELETAL (MSK) SUB							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
MSKSCR	MSK: Screening form	10/25/2011	na	10/25/2011	na	10/25/2011	na
MSSCR*	MS: Screening form	na	na	na	na	na	na
MSKNOTI	MSK: Participant notification	10/1/2011	na	10/1/2011	na	10/1/2011	na
MSNOTI*	MS: Participant notification	na	na	na	na	na	na
MSK01	MSK: Participant Data Log DXA/VFA	10/1/2011	na	10/1/2011	na	10/1/2011	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	na	na	na	na
MSK02	MSK: Participant Data Log QCT	10/1/2011a	na	10/1/2011a	na	10/1/2011a	na
MS02*	MS: Lab test report form	na	na	na	na	na	na
MS03*	MS: Participant Data Log	na	na	na	na	na	na

PULMONARY SUBSTUDY FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
PQBL*	Baseline Pulmonary Questionnaire	na	na	na	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na	na	na	na

SEX STEROID SUBSTUDY FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
SSSCR*	SS: Sex steroid screening form	na	na	na	na	na	na
SSNOTI*	SS: Participant notification	na	na	na	na	na	na
SS01*	SS: Sex steroid lab test report form	na	na	na	na	na	na

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VRS SUBSTUDY FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
VRSNOTI*	VRS Enrollment Form	na	na	na	na	na	na
VRS01 *	Stage II Eligibility	na	na	na	na	na	na
VRS01r*	VRS Eligibility for VRS Supplement	na	na	na	na	na	na
VRS03*	VRS Illnesses and Medications	na	na	na	na	na	na
VRS04*	VRS Antiviral Medications	na	na	na	na	na	na
VRS05*	VRS Screening to Determine Changes in HAART Regimen	na	na	na	na	na	na
VRS06*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na
VRS06r*	VRS Telephone Interview for Medical Providers	na	na	na	na	na	na
VRS10*	VRS Plasma Separation and Freezing	na	na	na	na	na	na
VRS29*	VRS Blood Specimen Collection Form	na	na	na	na	na	na

EXPANSION FORMS							
<i>Form#</i>	<i>Title</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>	<i>Form</i>	<i>QxQ</i>
EL	New Recruit Eligibility Form	10/2/2011a	10/2/2011a	5/22/2013	5/22/2013	5/22/2013	5/22/2013
F7r	Physical Exam Addendum	10/1/2010a	10/1/2010	5/22/2013	5/22/2013	5/22/2013	5/22/2013
F20	New Recruit Baseline History	10/1/2012	10/1/2012	4/1/2013	4/1/2013	10/1/2013	10/1/2013
F20a*	New Recruit Baseline History: Addendum	na	na	na	na	na	na
F22r*	New Recruit ART History	na	na	na	na	na	na
F26r	History of Abuse	10/1/2006a	10/1/2006a	10/1/2006a	10/1/2006a	10/1/2006a	10/1/2006a
F29r	Blood Specimen Collection Form	10/1/2012	na	4/1/2013	na	4/1/2013a	na
F31r	Specimens Collected During PE	10/1/2010b	na	10/1/2010b	na	10/1/2013	na
RAB	Retrospective Medical Record Abstraction	10/1/2011c	10/1/2011	10/1/2011c	10/1/2011	10/1/2011d	10/1/2011
RAB App	Retrospective Medical Record Abstraction Appendix	10/1/2011c	na	10/1/2011c	na	10/1/2011d	na
SCR	New Recruit Sreening Form	4/1/2012b	4/1/2012	5/22/2013	5/22/2013	5/22/2013a	5/22/2013

* Discontinued forms

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SPANISH VERSIONS							
Form#	Title	Form	QxQ	Form	QxQ	Form	QxQ
ABRV	Abbreviated Visit	10/1/2010b	na	10/1/2010b	na	10/1/2010b	na
ADF	Autoimmune Disease Form	10/1/2012	na	10/1/2012	na	10/1/2012	na
ADF02	Follow-up Autoimmune Disease Form	na	na	4/1/2013	na	4/1/2013	na
BCS	Contraceptive Use Questionnaire	na	na	na	na	10/1/2013	na
BLSA*	Baltimore Longitudinal Study of Aging Questions	na	na	na	na	na	na
BPI	Brief Pain Inventory-Short Form	10/17/2012	na	10/17/2012	na	10/17/2012	na
CV01*	Carotid Ultrasound Tracking Form	na	na	na	na	na	na
CV29*	Fasting Blood Specimen Collection Form	na	na	na	na	na	na
DERM*	Dermatology Addendum	na	na	na	na	na	na
DRUG1	Antiretroviral Medications	10/1/2011a	na	10/1/2011a	na	10/1/2013	na
DRUG2	Non-antiviral Medications	10/1/2004h	na	10/1/2004h	na	10/1/2013	na
DRUG3	Hepatitis Medications	10/1/2011	na	10/1/2011	na	10/1/2011a	na
F07	Physical Exam	10/1/2012	na	10/1/2012a	na	10/1/2013	na
F20	New Recruit Baseline History (Spanish)	10/1/2012	na	4/1/2013	na	10/1/2013	na
F20a*	New Recruit Baseline History: Addendum (Spanish)	na	na	na	na	na	na
F01*/F21	Sociodemographics	10/1/2012	na	10/1/2012a	na	10/1/2013	na
F02*/F22*	Medical & Health History	na	na	na	na	na	na
F22HX	Follow-up Health History	10/1/2012	na	4/1/2013	na	10/1/2013	na
F22MED	Medication History	10/1/2011c	na	10/1/2011d	na	10/1/2013	na
F22r *	New Recruit ART History	na	na	na	na	na	na
F03*/F23	OB/GYN History	4/1/2011d	na	4/1/2011d	na	10/1/2013	na
F23a*	Fertility and Infertility History	na	na	na	na	na	na
F04*/F24*	Alcohol, Drugs & Sexual Behavior (visits 1 - 24)	na	na	na	na	na	na
F24BEH	Alcohol, Drugs & Sexual Behavior (visits 25+)	10/1/2012	na	4/1/2013a	na	10/1/2013	na
F05*/F25	Health Care Utilization	10/1/2008	na	10/1/2008a	na	10/1/2013	na
F25a*	Health Care Utilization Supplement	na	na	na	na	na	na
F25b*	Mental Health Care Utilization Supplement	na	na	na	na	na	na
F25c	Engagement in Care	na	na	na	na	10/1/2013	na
F06*/F26	Psychosocial	10/1/2012	na	10/1/2012	na	10/2/2013	na
F26a*	Assessment of Physical Functioning	na	na	na	na	na	na
F26r	History of Abuse	10/1/2006a	na	10/1/2006a	na	10/1/2006a	na
F29	Blood Specimen Collection Form	10/1/2012	na	10/1/2012	na	10/1/2013	na
F29a	Antiviral Usage Assessment for Blood Draw	10/1/2009c	na	10/1/2009c	na	10/1/2009d	na
F29r	Blood Specimen Collection Form - New Recruits	10/1/2012	na	4/1/2013	na	4/1/2013a	na
F31a*	Hair Color, Texture and Treatment History	10/1/2006	na	10/1/2006	na	na	na
FIS	Food Insecurity Survey	na	na	6/24/2013	na	10/1/2013	na
FSFI*	Female Sexual Functioning Inventory	na	na	na	na	na	na
HPVKAB*	HPV Knowledge and Beliefs	na	na	na	na	na	na
HX	Family and Personal Medical History	10/1/2010a	na	4/1/2013	na	4/1/2013	na
INT*	Interim Events Form	na	na	na	na	na	na
MEN01	Menopause Symptom Questionnaire	10/1/2011	na	10/1/2011	na	10/1/2013	na
MSKSCR	Musculoskeletal Substudy Screening Form	10/25/2011	na	10/25/2011	na	10/25/2011	na
MS01*	MS: Specimen Collection for Metabolic Study	na	na	na	na	na	na
NC01a*	Interviewer Script	na	na	na	na	na	na
NC01b*	Interviewer Script	na	na	na	na	na	na
NC02a	English Word List (WRAT)	4/1/2009	na	4/1/2009a	na	4/1/2009b	na
NC02b	Spanish Word List (WAT)	4/1/2009a	4/1/2009	4/1/2009a	4/1/2009	4/1/2009a	4/1/2009
NC03	Educational Experience	10/1/2004a	na	10/1/2004a	na	10/1/2004a	na

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NI01*	NIDA Health Care Utilization Interview	na	na	na
NP01	Neuropathy Signs and Symptoms - baseline	10/1/2007d	na	10/1/2007d
NP02	Neuropathy Signs and Symptoms - follow up	4/1/2009d	na	4/1/2009d
OP02*	Oral Interview	na	na	na
PAQ	Physical Activity Questionnaire	na	na	4/1/2005
PBM	Performance-based Measurements	10/1/2011b	na	10/1/2011b
PK02*	PK: Current Antiretroviral Medication Use	10/1/2004h	na	na
PK02a*	PK: Antiretroviral Adherence	4/1/2003b	na	na
PK03*	PK: Recent Illnesses, Concurrent Meds & OB/GYN History	10/1/2011	na	na
PK04*	PK: Recent Substance Use	4/1/2003a	na	na
PK08*	PK: Dietary Fat Percentage Questionnaire	4/1/2010a	na	na
PMU	Pain Medication Use Questionnaire	11/30/2012	na	11/30/2012
PMU02	Follow-up Pain Medication Use Questionnaire	na	na	10/1/2013
PQBL*	Baseline Pulmonary Questionnaire	na	na	na
PQ02*	Follow-up Pulmonary Questionnaire	na	na	na
PREP*	HIV Prevention Technologies	na	na	na
PTSD*	Civilian Post-Traumatic Stress Disorder Questionnaire	na	na	na
RACE	Ethnicity and Race Questionnaire	10/1/2011a	na	10/1/2011a
SDCQ	San Diego Claudication Questionnaire	na	na	10/1/2013
SCR	New Recruit Sreening Form	4/1/2012b	na	5/22/2013
SSSCR*	SS: Sex steroid Screening Form	na	na	na