

WOMEN'S INTERAGENCY HIV STUDY
REFERRAL CHECKLIST
FOLLOW-UP VISIT

AFFIX ID LABEL HERE →

- A1. PARTICIPANT ID: ENTER ID NUMBER ONLY IF ID LABEL IS NOT AVAILABLE |_|_| - |_|_|_| - |_|_|_|_|_|_| - |_|_|
- A2. WIHS STUDY VISIT NUMBER ___ ___
- A3. FORM COMPLETED BY ___ ___ ___
- A4. FORM VERSION: **04/01/08**

INSTRUCTIONS: USE AS A CHECKLIST TO INDICATE WHERE TO REFER PARTICIPANT FOR FURTHER EVALUATION / ASSISTANCE.

a. FORM & QUESTION NUMBER(S)	b. REASON FOR REFERRAL	c. REFER TO:
F21 - SOCIODEMOGRAPHICS		
B3	LIVING ON STREETS/BEACH	SOCIAL SERVICE PROVIDER
B7	NO INCOME AT ALL	SOCIAL SERVICE PROVIDER
F22HX - FOLLOW-UP HEALTH HISTORY		
B1	FEVER OF > 100 DEGREES FAHRENHEIT FOR > ONE MONTH	MEDICAL PROVIDER
B3	MAJOR PROBLEMS WITH MEMORY OR CONCENTRATION > 2 WEEKS	MEDICAL PROVIDER
B4	NUMBNESS, TINGLING, BURNING IN ARMS, LEGS, FEET > 2 WEEKS	MEDICAL PROVIDER
B5	UNEXPECTED WEIGHT LOSS OF > 10 LBS FOR > ONE MONTH	MEDICAL PROVIDER
B6	CONFUSION, UNABLE TO PERFORM ROUTINE TASKS	MEDICAL PROVIDER
B7	DRENCHING NIGHT SWEATS	MEDICAL PROVIDER

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F23 – OBSTETRIC, GYNECOLOGIC AND CONTRACEPTIVE HISTORY			
	B7b	PREGNANT AND NO APPOINTMENT TO SEE HCP FOR PRENATAL CARE	FOR PRENATAL CARE
	B19	BLEEDING BETWEEN PERIODS	HEALTH CARE PROVIDER
	B21	BLEEDING AFTER VAGINAL INTERCOURSE	HEALTH CARE PROVIDER
	E17	ABNORMAL/INCREASED VAGINAL DISCHARGE	HEALTH CARE PROVIDER
	E18	ABNORMAL/UNUSUAL VAGINAL ODOR	HEALTH CARE PROVIDER
	E19	ITCHING AROUND VAGINA	HEALTH CARE PROVIDER
	E20	SORE/ULCER IN OR AROUND GENITAL AREA	HEALTH CARE PROVIDER
	E21	PAIN IN OR AROUND VAGINA	HEALTH CARE PROVIDER
	F2	DISCHARGE FROM EITHER NIPPLE	HEALTH CARE PROVIDER
	F3a	PAIN IN BREAST(S) – NOT BEFORE PERIOD	HEALTH CARE PROVIDER
	F4	LUMP(S) IN BREAST(S)	HEALTH CARE PROVIDER
F24BEH – ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR			
	B1-B4	PT CURRENTLY SMOKES	COUNSELOR
	B7a	PT DRINKS ALCOHOL AT LEAST 3-4 DAYS/WEEK	COUNSELOR
	B24	PT THINKS SHE SHOULD CUT DOWN ON DRINKING	COUNSELOR
	B25	HEALTH PROVIDER TOLD PT TO CUT DOWN ON DRINKING	COUNSELOR
	B26	PT IS INTERESTED IN REFERRAL TO A PROGRAM TO REDUCE DRINKING	COUNSELOR
	C1	USED MARIJUANA/HASH	COUNSELOR
	C2	SMOKED CRACK	COUNSELOR
	C3	INJECTED CRACK	COUNSELOR
	C4	SNIFFED OR SNORTED COCAINE	COUNSELOR
	C5	INJECTED COCAINE	COUNSELOR
	C6	SNIFFED OR SNORTED HEROIN	COUNSELOR
	C7	SMOKED HEROIN	COUNSELOR
	C8	INJECTED HEROIN	COUNSELOR
	C9	INJECTED SPEEDBALL	COUNSELOR

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F24BEH – ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR (CONTINUED)			
	C10	SNIFFED OR SMOKED METHAMPHETAMINE	COUNSELOR
	C11	INJECTED METHAMPHETAMINE	COUNSELOR
	C12	USED METHADONE WITHOUT PRESCRIPTION	COUNSELOR
	C13	USED AMPHETAMINES	COUNSELOR
	C14	USED HALLUCINOGENS	COUNSELOR
	C15	USED CLUB DRUGS	COUNSELOR
	C16	USED NARCOTIC DRUGS WITHOUT PRESCRIPTION	COUNSELOR
	C19a	SHOOTING GALLERY	COUNSELOR
	C21	USED NEEDLE OR SYRINGE AFTER SOMEONE ELSE	COUNSELOR
	C22	USED COOKER OR COTTON AFTER SOMEONE ELSE	COUNSELOR
	C23	USED RINSE WATER AFTER SOMEONE ELSE	COUNSELOR
	C24	SOMEONE ELSE USED NEEDLE OR SYRINGE AFTER PARTICIPANT	COUNSELOR
	C25	SOMEONE ELSE USED COOKER OR COTTON AFTER PARTICIPANT	COUNSELOR
	C26	SOMEONE ELSE USED RINSE WATER AFTER PARTICIPANT	COUNSELOR
	C30	SHARED NEEDLE, SYRINGE AND/OR COOKER	COUNSELOR
	D5b	SOMETIMES OR NEVER USES CONDOM DURING VAGINAL SEX (WITH MALE PARTNERS)	COUNSELOR
	D6b	SOMETIMES OR NEVER USES CONDOM WHEN GIVING ORAL SEX (TO MALE PARTNERS)	COUNSELOR
	D7b	SOMETIMES OR NEVER USES DENTAL DAM WHEN RECEIVING ORAL SEX (FROM MALE PARTNERS)	COUNSELOR
	D8b	SOMETIMES OR NEVER USES CONDOMS DURING ANAL SEX (WITH MALE PARTNERS)	COUNSELOR
	F1	HAS HAD SEX FOR DRUGS OR MONEY OR SHELTER	COUNSELOR

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F26 - PSYCHOSOCIAL MEASURES			
	F2	SEXUAL ABUSE HAS NOT STOPPED	COUNSELOR
	F4	FORCED TO HAVE SEX WITH SOMEONE HIV+	COUNSELOR
	G1	PARTNER THREATENED TO HURT OR KILL	COUNSELOR
	G12	AFRAID OF PARTNER	COUNSELOR
	G13	THINKS PARTNER MIGHT TRY TO KILL HER	COUNSELOR
	G14	AFRAID TO GO HOME	COUNSELOR
	H2	PHYSICAL ABUSE HAS NOT STOPPED	COUNSELOR
F07 - PHYSICAL EXAM			
	D1b	BREAST EXAM/ABNORMAL	MEDICAL PROVIDER
	D8	NEW BREAST MASS/ABNORMALITY	MEDICAL PROVIDER
	E1	BLOOD PRESSURE < 90/60 OR > 140/90	MEDICAL PROVIDER
F08 - GYNECOLOGICAL EXAM			
	FORM	ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE	SOCIAL SERVICE PROVIDER
NP01/02- NEUROPATHY SIGNS AND SYMPTOMS FORM (BASELINE/FOLLOW-UP)			
	B1-B6, a & b	ANY RATING BY PARTICIPANT OF CURRENT PAIN AS "8" (EIGHT) OR ABOVE	MEDICAL PROVIDER OR NEUROLOGIST