ELIGIBILITY FORM

NOTE: This form is NOT administered to participants, but should be filled out by sites after screening interview and medical record abstraction has taken place. Submit this form by fax or mail to CAMACS for all screened participants regardless of final eligibility or enrollment status.

1. DATE OF SCREENING (MM/DD/YYYY):
   ___ ___ / ___ ___ / ___ ___ ___ ___

2. LANGUAGE PREFERENCE: □ English  □ Spanish

3. HIV / THERAPY STATUS:
   □ Seronegative  □ Seropositive
   □ Known date of seroconversion
   Date of last HIV seronegative test (MM/DD/YYYY):
   __ __/__ __/___ ___ ___
   Date of first HIV seropositive test (MM/DD/YYYY):
   __ __/__ __/___ ___ ___
   □ ART / HAART initiated
   Date of first prescribed ART medication (MM/DD/YYYY):
   __ __/__ __/___ ___ ___

4. DATE OF BIRTH (MM/DD/YYYY):
   ___ ___ / ___ ___ / ___ ___ ___ ___

5. HISPANIC OR LATINO ORIGIN: □ No  □ Yes

6. RACE:
   □ White  □ Alaskan native
   □ Black  □ Asian
   □ Native Hawaiian/Pacific Islander
   □ Native American (North, South, Central) Indian
   □ Other, specify: __________________________

7. REPORTED SEXUAL ACTIVITY:
   □ No  □ Yes

8. REPORTED EVER INJECTING DRUG USE:
   □ No  □ Yes
9. **ELIGIBILITY:**

   a. Age > 18 years  

   b. Injected drugs in year before infection (if infected) or past year (if uninfected).

   c. For seropositives:
      i. Clinical AIDS diagnosis prior to or at HAART initiation

      ii. If ART / HAART initiation:
         a) Were medical records reviewed?
         b) Known date of seroconversion (last known negative date is ~12 months prior to first positive date.)
         c) Is date of seroconversion within last 5 years?
         d) Date of first ART known
         e) HIV RNA and CD4 cell count known within 4 months before ART first prescribed

   c. Consent obtained:

   \[\downarrow\]  
   \text{INELIGIBLE}

10. **HOW DID PARTICIPANT FIND OUT ABOUT THIS STUDY?**

    a. Someone told you about it

       If yes, was that person a MACS participant?

    b. Newspaper, posting, flier

    c. Local study / contact from study site

    d. Health care provider

    e. Contact from non-MACS service (e.g., counseling agency, Public Health Department)

    f. Don’t know, don’t remember

    g. Other source, specify _____________________________