

Person Completing Form: _____

Screening ID: _____

Date: ____ / ____ / ____
M M D D Y Y Y Y

MACS ID: _____

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 → **SKIP TO Q4**

Seropositive

Known date of seroconversion → **Complete Seroconversion Reporting Form**

Date of last HIV seronegative test (MM/DD/YYYY): _____ / _____ / _____

Date of first HIV seropositive test (MM/DD/YYYY): _____ / _____ / _____

ART / HAART initiated → **Complete MRA Form**

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:

	<u>No</u>	<u>Yes</u>
a. Age \geq 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:	___	___
	↓	
	INELIGIBLE	

10. HOW DID PARTICIPANT FIND OUT ABOUT THIS STUDY?

	<u>No</u>	<u>Yes</u>
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 _____	___	___