1. What is your date of birth? dd MMM yy OR Age: __________ years (estimate OK) male female

2. What is your sex? ............................................................... male female

3. Do you consider yourself to be Latino/a or of Hispanic origin? yes no

4. What is your race? Mark all that apply.
   - White
   - Black/African American
   - Native Hawaiian or Other Pacific Islander
   - Asian
   - American Indian or Alaska Native
   - other, specify: ____________________________________________

5. What is your ethnicity? Mark all that apply.
   - Thai
   - Yao
   - Karen
   - Lisu
   - Tai Yai
   - Lahu
   - Akha
   - Lua
   - Hmong
   - other, specify: ____________________________________________
6. What is your current marital status?

- single
- married
- living with partner/not married
- separated/married but living separately
- divorced
- widowed

7. What is your highest level of education?

- no schooling
- primary schooling
- some secondary schooling (middle school or high school)
- completed secondary schooling (high school)
- vocational or trade schooling
- some university or community college
- completed university
- graduate/professional schooling

8. Are you currently a student? ...........................................................

yes
no

9. Are you employed... Read categories.

- full time (≥ 30 hours per week)
- part-time
- occasional or time-to-time
- unemployed
1. Are you at least 18 years of age? .................................................................
   yes  no

2. Have you ever injected drugs?.................................................................
   2a. In the last 3 months (that is, since _______), how many times total have you injected drugs? ............................................................
       .................................................................
   yes  no

   If no to either, participant is ineligible.

3. Thinking about the people that you know or hang out with, how many of these people do you usually buy drugs with or shoot up with?......................

4. Thinking about the people that you know or hang out with, how many of these people do you have sex with?............................................................

5. How many of these people that you do drugs with or have sex with are you willing to bring in to join this study?...............................................................
   yes  no

   If < 2, participant is ineligible.

6. Have you ever been in methadone maintenance treatment? ....................
   6a. Have you been out of methadone maintenance treatment for at least 3 months?.............................................................................................
       .................................................................
   yes  no

   If no, go to item 7.

   If no, participant is ineligible.

7. Are you currently a participant in any other HIV prevention research study or have you been in another HIV prevention study in the last 6 months? ........................................................................................................
   yes  no

   If yes, participant is ineligible.
1. Are you at least 18 years of age? .................................................................

2. Have you ever injected drugs? ........................................................................

2a. In the last 3 months (that is, since ______), how many times total
    have you injected drugs? ...........................................................................

3. In the last 3 months (that is, since ______), how many times have you
    injected drugs with (insert name of index)? ............................................

4. Have you ever had sex with (insert name of index)?

4a. In the last 3 months (that is, since ______), how many times have you
    had sex with (insert name of index)? ..........................................................

Read to participant: The following question(s) is/are about your relationship with (insert name of
index), the person who told you about our study.

If no, participant is ineligible.
If no, read instruction before item 3, then go to item 4.

If 0 or not completed for both, participant is ineligible.
If no, end of form.
HPTN 037 IDU Networks (095)

Index Eligibility Checklist

Sample: Do not Fax to DataFax

HPTN 037 IDU Networks (095)  IC-1 (012)  Page 1 of 1

Participant ID:

<table>
<thead>
<tr>
<th>Site Number</th>
<th>Participant Number</th>
<th>Chk</th>
<th>Network ID</th>
<th>Member</th>
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<tbody>
<tr>
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Index Eligibility Checklist

Form Completion Date:

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<th>MMM</th>
<th>yy</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

Inclusion

1. Is the participant of legal age to provide written informed consent for research?
   See item 1, DM-1.

2. Did the participant provide written informed consent for screening and study participation?

   2a. Date screening consent signed: dd MMM yy

   2b. Date study consent signed: dd MMM yy

3. Does the participant report having injected drugs at least 12 times in the last 3 months?
   See item 2a, IS-1.

4. Has the participant been out of methadone maintenance treatment for at least 3 months and relapsed?
   See items 2 and 6, IS-1.

5. Is the participant HIV-seronegative by licensed ELISA?

6. Did the participant recruit at least two HIV risk network members who are eligible for study participation?

Exclusion

7. Is the participant concurrently enrolled or has he or she been previously enrolled in another HIV behavioral or biomedical prevention study in the last 6 months?
   See item 7, IS-1.

8. Does the participant have any obvious psychological disturbance or cognitive impairments that would limit his or her ability to understand study procedures (as determined by clinic staff)?

9. Does the participant have, in the opinion of the investigator, any other condition that would make participation in the study unsafe or otherwise interfere with study objectives?

10. Is the participant enrolled as a network member or index participant in another HPTN 037 study network?

If no to any, participant is ineligible.

If yes to any, participant is ineligible.

05-DEC-02  SAMPLE—English  0 1

/language| Staff Initials / Date
/hivnet/forms/PTN_037/forms/archived/IC_012.fm
Inclusion

1. Is the participant of legal age to provide written informed consent for research? 
   *See item 1, DM-1.* ............................................................
   - [ ] yes 
   - [ ] no

2. Did the participant provide written informed consent for screening and study participation? ..........................................................
   - [ ] yes 
   - [ ] no
   
   2a. Date screening consent signed: [ ] [ ] [ ] [ ]
   2b. Date study consent signed: [ ] [ ] [ ] [ ]

3. Does the participant report having injected drugs at least 12 times in the last 3 months? *See item 2a, IS-1* ..........................................................
   - [ ] yes 
   - [ ] no

4. Has the participant been out of methadone maintenance treatment for at least 3 months and relapsed? *See items 2 and 6, IS-1.* ..........................................................
   - [ ] yes 
   - [ ] no

5. Is the participant HIV-seronegative by licensed ELISA? ..........................................................
   - [ ] yes 
   - [ ] no

6. Did the participant identify and attempt to recruit at least two HIV risk network members who are eligible for study participation? ..........................................................
   - [ ] yes 
   - [ ] no

7. Did the participant recruit at least one HIV risk network member who is eligible for study participation? ..........................................................
   - [ ] yes 
   - [ ] no

If no to any, participant is ineligible.
Exclusion

8. Is the participant concurrently enrolled or has he or she been previously enrolled in another HIV behavioral or biomedical prevention study in the last 6 months? See item 7, IS-2.

9. Does the participant have any obvious psychological disturbance or cognitive impairments that would limit his or her ability to understand study procedures (as determined by clinic staff)?

10. Does the participant have, in the opinion of the investigator, any other condition that would make participation in the study unsafe or otherwise interfere with study objectives?

11. Is the participant enrolled as a network member or index participant in another HPTN 037 study network?

If yes to any, participant is ineligible.
Member Eligibility Checklist

Inclusion

1. Is the participant of legal age to provide written informed consent for research?
   See item 1, DM-1. .................................................................
   [ ] yes [ ] no

2. Has the participant been recruited for the study by an eligible index participant?
   ..........................................................................................................
   [ ] yes [ ] no

3. Does the participant report having injected drugs with and/or having had sex with the relevant index participant within 3 months prior to screening? See items 3 and 4, MS-1 ..........................................................................................................
   [ ] yes [ ] no

4. Did the participant provide written informed consent for study participation? .........
   ..........................................................................................................
   [ ] yes [ ] no

   4a. Date study consent signed:
   dd MMM yy

Exclusion

5. Does the participant have any obvious psychological disturbance or cognitive impairments that would limit his or her ability to understand study procedures (as determined by clinic staff)? .................................................................
   [ ] yes [ ] no

6. Does the participant have, in the opinion of the investigator, any other condition that would make participation in the study unsafe or otherwise interfere with study objectives? .................................................................
   [ ] yes [ ] no

7. Is the participant enrolled as a network member or index participant in another HPTN 037 study network? .................................................................
   [ ] yes [ ] no

If no to any, participant is ineligible.

If yes to any, participant is ineligible.
<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Site Number</th>
<th>Participant Number</th>
<th>Chk</th>
<th>Network ID</th>
<th>Member</th>
</tr>
</thead>
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</tbody>
</table>

**Screening HIV Status**

1. Date of initial HIV specimen collection: ..................................  
   - dd 
   - MMM 
   - yy

2. Participant’s HIV status: .........................................................  
   - negative  
   - positive

---

HPTN 037 IDU Networks (095)  
SS-1 (051)  

Statistical Center for HIV/AIDS Research & Prevention (SCHARP)

**SAMPLE: DO NOT FAX TO DATAFAX**

05-DEC-02

SAMPLE—English

0 | 1

Language  
Staff Initials / Date

/hivnet/forms/PTN_037/forms/screening_HIV_status.fm
1. Is the participant eligible for the study based on the Eligibility Checklist (IC-1 or MC-1)?

2. Was the initial date of HIV specimen collection within 60 days prior to randomization? See item 1, SS-1.

3. Was the index participant randomized?

   3a. Date of randomization:

   3b. Randomization sequence number:

   Item 3b for index participants only. If participant is a network member, end of form.
Risk Assessment

**HOUSING**

*Read to participant:* The next few questions are about where you live or stay. These are very personal questions. Please remember that all the information you give us is confidential. We ask that you answer the questions as honestly as you can.

1. In the last 6 months, did you spend time in jail or prison? ............................................................
   
   1a. How many days total did you spend in these places? .................................................................

2. In the last 6 months, did you spend time in residential or inpatient treatment? .................................................................
   
   2a. How many days total did you spend in these places? .................................................................

3. In the last 6 months, did you live on the street, in a car, in a park, or in an abandoned building? .................................................................

**ALCOHOL USE**

*Read to participant:* The next few questions are about alcohol use. These are very personal questions. Please remember that all the information you give us is confidential. We ask that you answer the questions as honestly as you can.

4. Using this card, tell me, on average, how often do you have a drink? *Show Card #1.*

   never \[never\] less than once \[less than once\] 1–2 days \[1–2 days\] 3–4 days \[3–4 days\] 5–6 days \[5–6 days\] every \[every\]

   day

   \[\] \[\] \[\] \[\] \[\] \[\]

   *If never, go to item 7 on page 2.*

5. On days that you drink, how many drinks do you usually have? .................................

6. When you drink alcohol, how often do you drink enough to get drunk or stay drunk? *Show Card #2.*

   always/almost always \[always/almost always\] more than half \[more than half\] about half \[about half\] less than half \[less than half\] rarely or never \[rarely or never\]

   \[\] \[\] \[\] \[\] \[\]

---

**Sample: Do not Fax to DataFax**

HPTN 037 IDU Networks (095)

RA-1 (121)

<table>
<thead>
<tr>
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<th>Participant Number</th>
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<th>Member</th>
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</table>

**Risk Assessment**

**Form Completion Date**

dd MMM yy

**Visit Code**

. .

**Language**

01

**Staff Initials / Date**

05-DEC-02

SAMPLE—English

/hivnet/forms/PTN_037/forms/risk_assessment.fm
NON-INJECTION DRUG USE

Read to participant: The next few questions are about non-injection drug use. These are very personal questions. Please remember that all the information you give us is confidential. We ask that you answer the questions as honestly as you can.

7. In the last month did you...

7a. smoke crack or rock cocaine? ..........................................................  
    yes  no  

7b. snort or sniff cocaine? ...............................................................  
    yes  no  

7c. snort or take amphetamines such as speed or crystal? ....................  
    yes  no  

7d. smoke amphetamines? ...............................................................  
    yes  no  

7e. smoke, snort, or take heroin, opium, or other opiates? ....................  
    yes  no  

7f. take (eat or pop) benzodiazepenes, downers, or sedatives  
    (such as Valium, Dalmane, Xanax, or Rohypnol)?  .........................  
    yes  no  

8. In the last 6 months, did you participate in any type of drug treatment  
    program, drug counseling, or drug detoxification?  .........................  
    yes  no  

8a. What types of treatment did you receive? Mark all that apply.  
    □ inpatient or residential treatment/therapeutic community  
    □ outpatient or drug-free treatment  
    □ methadone maintenance  8a1. How many weeks on  
                                 methadone?  .........................  
                                 # of weeks  
    □ recovery house  
    □ detoxification  
    □ Narcotics Anonymous, Cocaine Anonymous, or Alcoholics Anonymous  
    □ religious program, specify:  ________________________________  
    □ herbal program, specify:  ________________________________  
    □ other, specify:  ________________________________  

INJECTION DRUG USE

*Read to participant:* The next few questions are about injection drug use. These are very personal questions. Please remember that all the information you give us is confidential. We ask that you answer the questions as honestly as you can.

9. In the last 6 months, did you use a needle to inject any drugs under your skin or into a vein? .................................................................

9a. Did you do this in the last month? ..........................................................

10. In the last month, did you inject...

10a. heroin by itself? ..................................................................................

10b. cocaine by itself? ................................................................................

10c. heroin mixed with cocaine (speedball)? .............................................

10d. heroin mixed with amphetamines? ......................................................

10e. amphetamines? ..................................................................................

10f. other, specify: ______________________________________________________

11. In the last month, on how many days did you inject?..............................

# of days

12. On days that you inject, how many times a day do you usually inject? ........

# of times

13. In the last month, how many times did you...

13a. use rinse water that others had used?...................................................

13b. use a cooker that others had used?......................................................

13c. use cotton that others had used?..........................................................

13d. inject drugs that were frontloaded or backloaded into the syringe or needle that you used? *Show Cards #3 and #4.* .....................................................

13e. use a needle that others had discarded?..............................................
14. In the last month, did you ever even once pass on a needle or syringe to someone else after you used it? .................................................................

14a. How many times did you do this in the last month?........................... # of times

14b. With how many different people did you do this in the last month?......... # of people

15. In the last month, did you ever even once use a needle or syringe after someone else used it? .................................................................

15a. How many times did you do this during the last month?................. # of times

15b. With how many different people did you do this in the last month?....... # of people

16. In the last month, did you ever use a needle or syringe after someone that you know is HIV-positive used it? .................................................................

17. In the last month, did you ever inject drugs with others in a shooting gallery, in an abandoned building, in a car, or in a public park or public restroom? .......

18. In the last month, how often did you inject drugs... Show Card #2. always/ almost always more than half the time about half the time less than half the time rarely or never

18a. by yourself?....................................................................................

18b. with people you know well? .........................................................

18c. with people you don't know well?.................................

19. In the last month, how often did you get your needles new from a... Show Card #2. always/ almost always more than half the time about half the time less than half the time rarely or never

19a. needle exchange?.................................................................

19b. drugstore/pharmacy? ..............................................................

19c. needle seller?.................................................................

19d. diabetic?...................................................................................
20. In the last month, did you ever clean your needle either before or after injecting?

20a. In a typical week, how often do you clean your needle before injecting?
   Show Card #2.

20b. In a typical week, how often do you clean your needle after injecting?
   Show Card #2.

21. In a typical week, how often do you clean your needle:
   Show Card #2.

21a. with bleach?

21b. with alcohol?

21c. with water?

21d. other, specify:

22. I'm going to read you a list of places where you may have disposed of your used needles.
   In the last month, how often did you dispose of your used needles?
   Show card #2.

22a. at a needle exchange?

22b. in the trash?

22c. in a toilet?

22d. on the street or in a park or building or other public place?
22. Needle disposal, continued

22e. by giving them to someone else for disposal?  
always/ almost always  more than half the time  about half the time  less than half the time  rarely or never

22f. other, specify:  
always/ almost always  more than half the time  about half the time  less than half the time  rarely or never

23. In the last month, when you disposed of your used needles, how often did you disable the needle or syringe so that it could not be used again (for example, you broke off the tip)? Show card #2.

always/ almost always  more than half the time  about half the time  less than half the time  rarely or never

24. In the last month, when you disposed of your used needles, how often did you dispose of them in a way such that someone else wouldn’t get stuck with the point (for example, you re-capped the needle or you put it in a sharps container or some other rigid container like a covered can or jar)? Show card #2.

always/ almost always  more than half the time  about half the time  less than half the time  rarely or never

25. The last time you injected, did you…

25a. clean the needle before you injected?  
yes  no

25b. use a new needle?  

25c. clean the needle after you injected?  

25d. share the needle? By share I mean you used the needle after someone or you passed on the needle to someone else after you used it.  

26. How many days ago did you last inject?  
# of days
SEXUAL BEHAVIOR QUESTIONS

Read to participant: The next few questions are about sexual behavior. These are very personal questions. Please remember that all the information you give us is confidential. We ask that you answer the questions as honestly as you can.

27. In the last month, did you have vaginal or anal sex? ..........................................

28. In the last month, how many different female sex partners did you have? ........

29. In the last month, how many different male sex partners did you have? ............

30. Do you have a primary sex partner such as a husband/wife or boyfriend/girlfriend? ............................................................................................................

31. In the last week, how many times did you have vaginal or anal sex with your primary sex partner? ...........................................................................................

31a. How many of these times did you (or your partner) use a condom? ........

32. In the last week, how many times did you have vaginal or anal sex with someone other than a primary sex partner? .................................................................

32a. How many of these times did you (or your partner) use a condom? ........

33. In the last month, how many sex partners did you give money or drugs to in exchange for sex? ............................................................................................

34. In the last month, how many sex partners gave you money or drugs in exchange for sex? .............................................................................................
**Instructions:** Complete this form by totaling or summarizing items on the Network Inventory grid. Follow instructions listed in each item.

1. Total number of names listed (total size of network enumerated): ......................
2. Total number of 1s in column 6 (size of sex network): ........................................
3. Total number of 0s in column 7 (number who had sex with index without a condom): ..........................................................................................................
4. Total number of 1s in column 8 (size of drug network): ......................................
5. Total known for 6 months or less as indicated in columns 16, 17, and 18 (number of new network members): ...................................................................
6. Total of 1s, 2s, or 3s in column 19 (number of network members seen once per week or more): ..............................................................................................
7. Total number of 0s in column 27 (number in drug network with whom index does not share drugs): .................................................................
8. Total number of 0s in column 29 (number in drug network with whom index does not share needles):....................................................................................
9. Total number of 1s in column 30 (number who index talked to about drug risk): ....................................................................................................................
10. Total number of 1s in column 31 (number who index talked to about sex risk):
11. Total number of 1s on density sheet (number of inter-relationships reported among network members enumerated): ............................................................

**Item 12 only at Screening.**

12. Number of network member cards distributed (only at Screening): ...............
Read to participant: These questions ask about your perception of, or what you think about, the people that you know or hang out with. Show Card #5.

1. How many of your friends who shoot drugs use a needle after someone else, without bleaching or cleaning? .................................................................
2. How many of your friends who shoot drugs use a cooker that someone else has already used? .................................................................
3. How many of your friends who shoot drugs use filter cotton that someone else has already used? .................................................................
4. How many of your friends who shoot drugs use drugs that are frontloaded or backloaded with a shared syringe? .................................................................
5. How many of your friends have sex with more than one person? .................................................................................................................................
6. How many of your friends use condoms all the time with their primary partner (husband, wife, boyfriend, or girlfriend)? .................................................................
7. How many of your friends approve of condom use with a primary partner? .................................................................................................................................
8. How many of your friends use condoms all the time with their casual or occasional partners? .................................................................
9. How many of your friends approve of condom use with casual or occasional partners? .................................................................................................................................
10. How many of your friends encourage you to use condoms with a primary partner? .................................................................................................................................
11. How many of your friends encourage you to use condoms with casual or occasional partners? .................................................................................................................................
12. How many of your friends trade sex for money or drugs? .................................................................................................................................
12a. How many of your friends who trade sex use condoms all the time with their paying partners? .................................................................................................................................
13. How many of your friends pay others for sex? .................................................................................................................................
13a. How many of your friends who pay for sex use condoms every time with the partners that they pay? .................................................................................................................................
Follow-up Local Lab Results (LL-1)

**Participant ID**
- Site Number: 0
- Participant Number: 0
- Chk: 0

**Follow-up Local Lab Results**

<table>
<thead>
<tr>
<th>Sample</th>
<th>Specimen Collection Date</th>
<th>HIV EIA</th>
<th>Western Blot/IFA</th>
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</thead>
<tbody>
<tr>
<td>SAMPLE 1</td>
<td>dd MMM yy</td>
<td>1. Negative</td>
<td>2. Negative</td>
</tr>
<tr>
<td>SAMPLE 2</td>
<td>dd MMM yy</td>
<td>3. Negative</td>
<td>4. Negative</td>
</tr>
<tr>
<td>SAMPLE 3</td>
<td>dd MMM yy</td>
<td>5. Negative</td>
<td>6. Negative</td>
</tr>
</tbody>
</table>

**Specimen Collection Date**
- Not Done/Not Collected: [ ]

**Comments:**

---

05-DEC-02

SAMPLE—English

Language: 0

Staff Initials / Date: 1
Read to participant: The next few questions are about conversations that you may have had with other people. For these questions, I’d like you to think about conversations with friends or people that you know, not including people who work on this study, or people who tested you for HIV.

1. In the last 6 months, have you talked to anyone you know, or have they talked to you, about how people can protect themselves from HIV infection? ....
   a. How many different people did you talk with? .............................................
   b. How many different conversations did you have? ......................................
   c. Looking at this card, which of these things did you talk about in any of the conversations that you had? Show Card #6. Mark all that apply.
      - needle exchange
      - asking your sex partners about HIV status
      - using a condom
      - asking your drug partners about HIV status
      - cleaning needles
      - how to use a female condom
      - safer sex
      - keeping your own works
      - not sharing needles
      - none If none, mark only this response.

2. Looking at this card, which of these exact words or phrases have you heard before? Show Card #7. Mark all that apply.
   - peer mentor
   - SPEAKK
   - injection risk ladder
   - EXPLORE
   - ribbon game
   - matrix method
   - cleaning 1 x 1 x 1 (1 x water, 1 x bleach, 1 x water)
   - splitting drugs dry
   - PALMS
   - harm reduction
   - Project FAST
   - SCHARP
   - sex risk ladder
   - freeze frame
   - none If none, mark only this response.
Read to participant: The next few questions are about conversations that you may have had with other people. For these questions, I'd like you to think about conversations with friends or people that you know, not including people who work on this study, or people who tested you for HIV.

1. In the last 6 months, have you talked to anyone you know, or have they talked to you, about how people can protect themselves from HIV infection? .......

   1a. How many different people did you talk with? ............................................

   1b. How many different conversations did you have? ......................................

   1c. Looking at this card, which of these things did you talk about in any of the conversations that you had? Show Card #6. Mark all that apply.

   - needle exchange
   - using a condom
   - cleaning needles
   - safer sex
   - not sharing needles
   - asking your sex partners about HIV status
   - asking your drug partners about HIV status
   - how to use a female condom
   - keeping your own works
   - none

   If none, mark only this response.

2. Looking at this card, which of these exact words or phrases have you heard before? Show Card #7. Mark all that apply.

   - peer mentor
   - SPEAKK
   - injection risk ladder
   - EXPLORE
   - ribbon game
   - matrix method
   - cleaning 1 x 1 x 1 (1 x water, 1 x bleach, 1 x water)
   - splitting drugs dry
   - PALMS
   - harm reduction
   - Project FAST
   - SCHARP
   - sex risk ladder
   - freeze frame
   - none

   If none, mark only this response.
**Social Impact Assessment (SIA-1)**

**Participant ID**

<table>
<thead>
<tr>
<th>Site Number</th>
<th>Participant Number</th>
<th>Chk</th>
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<tbody>
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**Social Impact Assessment**

**Instruction:** Before administering this assessment, update information about any unresolved previously reported social impacts on the corresponding Social Impact Log (SIL).

1. Because of your participation in this study, did anything negative or bad happen to you in the last 6 months? ...............................................................  
   - yes  
   - no  
   - If no, go to item 3.

2. Because of your participation in this study, have you...
   - 2a. been arrested or had trouble with the police or other legal problems?.............................................................................................  
     - yes  
     - no
   - 2b. had trouble getting or keeping housing?...........................................  
     - yes  
     - no
   - 2c. had trouble getting or keeping a job or trouble with income or economic support?.........................................................................................  
     - yes  
     - no
   - 2d. had trouble getting health care or with health insurance?..................  
     - yes  
     - no
   - 2e. had personal trouble with friends, family, or acquaintances?.............  
     - yes  
     - no
   - 2f. had any other type of problem? Specify:  
     -

   **Complete a separate Social Impact Log (SIL) for each impact.**  
   - total number of impacts

3. **In the last 6 months**, has your participation in this study had a positive or beneficial impact on your life? ...............................................................  
   - yes  
   - no  
   - don't know  
   - If no or don't know, end of form.

3a. **If yes, please describe:** Summarize participant's response.
Social Impact Log (SIL-1)

Instructions: Fax this form to SCHARP DataFax whenever a new Social Impact is recorded or information on this form is updated. Fax only pages with new entries or revisions.

1. Concisely describe social impact:

2. Onset Date:

3. Reported at Visit:

4. Social Impact Code:

Social Impact Codes:

- 01 Police/Legal Problems
- 02 Housing
- 03 Employment
- 04 Health Care/Insurance
- 05 Friends/Family
- 06 Other

5. Ask Participant:

5. What impact has this situation had on your quality of life?

- Minimal disturbance
- Moderate disturbance. No significant impact.
- Major disturbance with significant impact.

6. Describe what was done by staff and participant to address social impact:

6a. Participant:

6b. Staff:

7. Record current status:

- Unresolved
- Unresolved at end of study
- Unable to resolve. No further action taken.
- Resolved

If either is marked, enter closure date:

Reviewed by Investigator:

Principal Investigator (or designee) Signature

Date

Time stamp: 05-DEC-02

HPTN 037 IDU Networks (095)  
STATISTICAL CENTER FOR HIV/AIDS RESEARCH & PREVENTION  
SCHARP

Sample: Do not Fax to DataFax

Page 1

Language: English

Staff Initials / Date
Post-test Visit

Sample: Do not Fax to Data Fax

HPTN 037 IDU Networks (095)  
PV-1 (191)

Participant ID

0 0 0 - - - -  - - - -
Site Number  Participant Number  Chk  Network ID  Member

Instructions: This form to be completed only at Screening.

1. Did the participant receive HIV test results? ..........................................................  
   [ ] Yes  [ ] No

2. Did the participant receive HIV post-test and risk-reduction counseling? ..........  
   [ ] Yes  [ ] No
1. What is the reason for this interim visit? Mark all that apply.

- [ ] participant missed or will miss a regularly scheduled follow-up visit, and is outside of any visit window
- [ ] report a social impact
- [ ] update a social impact
- [ ] HIV testing
- [ ] other, specify: ________________________________

Comments: ________________________________________________

______________________________________________________________

______________________________________________________________

06-MAY-04  SAMPLE—English  01
**Sample: Do not fax to data fax**

HPTN 037 IDU Networks (095)  
IPT-1 (451)  

**Participant ID**

<table>
<thead>
<tr>
<th>Site Number</th>
<th>Participant Number</th>
<th>Chk</th>
</tr>
</thead>
</table>

**Intervention Cohort Participant Transfer**

**Form Completion Date**

<table>
<thead>
<tr>
<th>dd</th>
<th>MMM</th>
<th>yy</th>
</tr>
</thead>
</table>

**Instructions:** Complete this form when an intervention participant transfers to another cohort.

1. **Group ID of transferring cohort:**

<table>
<thead>
<tr>
<th>Site Number</th>
<th>Group</th>
</tr>
</thead>
</table>

2. **Group ID of receiving cohort:**

   (add to this group)

<table>
<thead>
<tr>
<th>Site Number</th>
<th>Group</th>
</tr>
</thead>
</table>

3. **Reason participant failed to attend original cohort session:** *Mark only one.*

   - [ ] incarceration
   - [ ] hospitalization/illness
   - [ ] transportation difficulties
   - [ ] scheduling problem, specify: ________________________________
   - [ ] other, specify: ________________________________
   - [ ] unknown

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* /hivnet/forms/PTN_037/forms/int_cohort_trans.fm

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SAMPLE—English

19-AUG-03

Language: 0

Staff Initials / Date: 1
Instructions: Use this form to record additional information about a specific participant or to clarify data recorded on another form. For Visit Code, enter the visit code of the form or visit on which you are commenting.
Please print information legibly.

Record the acronym(s) of the form(s) to which the comments apply: ____________________________ or □ not applicable

See upper right hand corner of form for acronym. For example, this form's acronym is COM-1.

Comments:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Reason Visit Missed:
Mark only one.

- [ ] Unable to contact participant; date of last contact with participant: [ ] [ ] [ ]
- [ ] Missed scheduled appointment(s).
- [ ] Refused visit.
- [ ] Incarcerated.
- [ ] Institutionalized.
- [ ] Withdrawn from the study. Complete a Termination form.
- [ ] Deceased. Complete a Termination form.
- [ ] Other, please specify: ____________________________________________________________

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

\[\text{SAMPLE: DO NOT FAX TO DATAFAX}\]
Sample: English

\[\text{HPTN 037 IDU Networks (095)}
\]

Missed Visit (MV-1)

Site Number Participant Number Chk

Participant ID

Visit Code

Form Completion Date

dd MMM yy

Page 1 of 1

Instructions: Complete this form when a participant has missed a scheduled visit according to Study Specific Procedures. For Visit Code, enter the visit code of the scheduled visit that was missed. Fax the form to SCHARP DataFax according to the timeline included in the Study Specific Procedures.

Complete a Termination form.
1. What is the visit code of the participant’s last visit? ......................

2. What was the last Social Impact Log (SIL-1) page number submitted for this participant? ....................................................... OR none

3. How many Follow-up Local Lab Results forms (LL-1) were submitted for this participant? ....................................................... # of LL-1
Instructions: Complete this form when a participant terminates from the study.

1. Termination Date: 
   Date the site determined that the participant was no longer in the study.

2. Reason for termination. Mark only one.
   - 2a. Scheduled exit visit/End of study.
   - 2b. Death. Indicate date and cause if known.
   - 2c. Participant refused further participation. Specify reason in Comments field.
   - 2d. Participant unable to adhere to visit schedule.
   - 2e. Participant relocated, no follow-up planned.
   - 2f. Investigator decision, please specify:
   - 2g. Unable to contact participant.
   - 2h. HIV infection.
   - 2i. Inappropriate enrollment.
   - 2j. Invalid ID due to duplicate screening/enrollment.
   - 2k. Other reason, please specify:

3. Was the reason for termination associated with a social harm?
   - yes
   - no
   - don't know

3a. Social Impact Log pages:

Comments: