

Project Aware

Annotated Design For Trial: aware

Protocol: Project Aware

Generated By InForm Architect™

October 13, 2010 9:52AM

Time and Events Schedule For Study: aware								
	Assessment	CRF	CROSS Active (CAS) [S]	SCREEN Failure (SCRF) [S]	BASELINE (BASE) [S]	INTERVENTION (INTER) [S]	6 MONTH Follow up (MTH6) [S]	Conflict (Conflict) [U/R/D]
1	Screening/Randomization Status	SRST	1					
2	Study Completion	COMP	2-DF					
3	Forms Completion Status	CASFCS	3-DF					
4	Adverse Events	AE	4-RF-DF					
5	Serious Adverse Events	SAE	5-RF-DF					
6	Protocol Violation Log	PVL	6-RF-DF					
7	STD Medical Record Abstraction Form For Females	SMRF	7-RF-DF		7-RF-DF		4-RF-DF	
8	STD Medical Record Abstraction Form For Males	SMRM	8-RF-DF		8-RF-DF		5-RF-DF	
9	STD Medical Record Abstraction Form	SMR2	9-RF-DF		9-RF-DF		6-RF-DF	
10	Testing Record Verficiation	HTVR	10-RF-DF					
11	HIV Primary Care Medical Record Verification	MRVPC	11-RF-DF					
12	Patient Information	PI	12					
13	Screen Failure Introduction	SFI		1				
14	Screening Questionnaire For Screen Fail Patients	SCQF1		2-DF				
15	Screening Questionnaire For Screen Fail Patients	SCQF2		3-DF				
16	Screening Questionnaire For Screen Fail Patients	SCQF3		4-DF				
17	Baseline Introduction	BI			1			
18	Visit Baseline FCS	BLFCS			2-DF			
19	Screening Questionnaire For Randomized Patients	SCQR1			3-DF			
20	Screening Questionnaire For Randomized Patients	SCQR2			4-DF			
21	Screening Questionnaire For Randomized Patients	SCQR3			5-DF			
22	Randomization	RAN			6-DF			
23	Intervention Introduction	II				1		
24	Group 1 HIV Testing/Respect-2 Counseling	HIVG1				2-DF		
25	Group 2 HIV Testing/Information	HIVG2				3-DF		
26	Visit Intervention FCS	INTFCS				4-DF		
27	HIV Rapid Result	HIVRER				5-DF		
28	HIV Repeat Rapid Result	HIVREP				6-DF		
29	For Reactive Rapid Results	FRRR				7-DF		
30	HIV Confirmatory Collection	HIVCC				8-DF		
31	HIV CONFIRMATORY RESULTS	HIVCO				9-DF		
32	Confirmatory Positive of HIV Results	HIVPOS				10-DF		
33	6 Month Introduction	6MI					1	
34	Follow-up Visit	VIS					2-DF	
35	Visit 6 Month FCS	6MFCS					3-DF	

Key: [S] = Scheduled Visit [O] = Optional Visit [D] = Dynamic Visit [U] = Unscheduled Visit [R] = Repeating Visit
C = Common Form DF = Dynamic Form RF = Repeating Form

aware : Trial Screening (SCR)

.	
1. 1. Participant ID [<i>read-only</i>]	A3 (awarecdd:SCR.PARTID / PARTICIPANT ID)
2. 2. Participant ID Number:	A4 (awarecdd:SCR.PIDNUM / PID NUMBER)

CDD: awarecdd Table: SCR Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
PIDNUM	STRING(4) - A4	
PARTID	STRING(3) - A3	

aware : Enrollment (ENR)**Patient Number**

1.	1. Participant Number	A12	(awarecdd.ENR.SUBJNO / PARTICIPANT NUMBER)
----	-----------------------	-----	--

Item Design Notes:

Item No.	Design Note
1.	mapped from Enrollment form to PI form

CDD: awarecdd Table: ENR Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
SUBJNO	STRING(12) - A12	

aware : Screening/Randomization Status (SRST)**Status**

1.	1. Screening / Randomization Status (Please reconfirm participant's eligibility status before answering this item)	(awarecdd:SRST.SRS01 / SCFL RAND STATUS) [0] <input type="radio"/> Screen Fail [1] <input type="radio"/> Randomized
----	---	---

CDD: awarecdd Table: SRST Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
SRS01	NUMERIC	

aware : Study Completion (COMP)	
.	
1. 1. Staff ID:	A5 (awarecdd:COMP.COMP01 / STAFF ID)
2. 2. Date of study completion or early termination:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:COMP.COMP02DT / Completion date)
3. 3. Did participant complete the study?	<p>(awarecdd:COMP.COMP03 / Study completed)</p> <p>[1] <input type="radio"/> Yes</p> <p>[0] <input type="radio"/> (awarecdd:COMP.COMP03a / Reason study not complete)</p> <p>No Provide primary reason:</p> <p>[1] <input type="radio"/> Participant incarcerated</p> <p>[2] <input type="radio"/> Participant lost to follow-up (lost contact) not due to incarceration</p> <p>[3] <input type="radio"/> Participant withdrew consent</p> <p>[4] <input type="radio"/> Participant died</p> <p>Date of Death Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:COMP.COMP03DT / Death date)</p> <p>[5] <input type="radio"/> (awarecdd:COMP.COMP03b / CTP PI Decision)</p> <p>Study Coordinator's decision Provide primary reason:</p> <p>[1] <input type="radio"/> Study harmful to participant</p> <p>[2] <input type="radio"/> Participant too disruptive to remain in study</p> <p>[3] <input type="radio"/> Participant experiencing severe psychological occurrences</p> <p>[4] <input type="radio"/> Other</p> <p>(specify): A200 (awarecdd:COMP.COMPSP / Specify PI primary decision)</p>
Investigator's Signature	
I have reviewed all the data recorded on all eCRF pages and certify that they are accurate and complete to the best of my knowledge.	
4. Principal Investigator or designee:	A100 Signature (awarecdd:COMP.COMPSIG / Investigator signature)
5. Date:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:COMP.COMPDT / Signature date)

Column Name	Column Data Type	Design Note
COMP03DT	DATE - DDMONYYYY	
COMP02DT	DATE - DDMONYYYY	
COMP03	NUMERIC	
COMP03a	NUMERIC	
COMPDT	DATE - DDMONYYYY	
COMPSP	STRING(200) - A200	
COMP01	STRING(5) - A5	
COMPSIG	STRING(100) - A100	
COMP03b	NUMERIC	

aware : Forms Completion Status (CASFCs)		
Please complete each form.		
1.	1 Adverse Events	Pulldown List 1 <input type="button" value="v"/> (awarecdd:CASFCS.CFC01 / CAS FCS AES)
2.	2 Serious Adverse Events	Pulldown List 2 <input type="button" value="v"/> (awarecdd:CASFCS.CFC02 / CAS FCS SAES)
3.	3 Protocol Violation Log	Pulldown List 3 <input type="button" value="v"/> (awarecdd:CASFCS.CFC03 / CAS FCS PVLS)
4.	4 Labs For Females	Pulldown List 4 <input type="button" value="v"/> (awarecdd:CASFCS.CFC04 / CAS FCS LAB FEM)
5.	5 Labs For Males	Pulldown List 5 <input type="button" value="v"/> (awarecdd:CASFCS.CFC05 / CAS FCS LAB MALE)
6.	6 Labs Abstractions Page 2	Pulldown List 6 <input type="button" value="v"/> (awarecdd:CASFCS.CFC06 / M6 FCS LAB PAGE2)
7.	7 HIV Primary Care Medical (MRVPC)	Pulldown List 7 <input type="button" value="v"/> (awarecdd:CASFCS.CFC07 / CAS FCS MRVPC)
8.	8 HIV Testing Record Verification (HTVR)	Pulldown List 8 <input type="button" value="v"/> (awarecdd:CASFCS.CFC08 / CAS FCS HTVR)

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 5:			
RefName	Display Text	Value	Design Note

ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

CDD: awarecdd Table: CASFCS Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
CFC01	NUMERIC - 0, 1, 2, 3, 9	
CFC02	NUMERIC - 0, 1, 2, 3, 9	
CFC06	NUMERIC - 0, 1, 2, 3, 9	
CFC07	NUMERIC - 0, 1, 2, 3, 9	
CFC05	NUMERIC - 0, 1, 2, 3, 9	
CFC03	NUMERIC - 0, 1, 2, 3, 9	
CFC04	NUMERIC - 0, 1, 2, 3, 9	
CFC08	NUMERIC - 0, 1, 2, 3, 9	

aware : Adverse Events (AE) - Repeating Form										
#	Date Of Assessment	1. AE #	2. AE symptom(s) or diagnosis:	3. Onset Date	4. Severity	Was the event associated with any of the following?	6. Study related? (check only one)	6a. Action(s) taken for study related event	Outcome	8. Resolution date
1										
.										
1.	Date Of Assessment	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:AE.AEADT / AE ASSESS DATE)								
2.	1. AE #:	xx (1 =< n <= 99) (awarecdd:AE.AE01 / AE NUMBER)								
3.	2. AE symptom(s) or diagnosis:	A100 (awarecdd:AE.AE02 / AE SYMPTOMS OR DIAGNOSIS)								
4.	3. Onset Date:	Req <input type="text"/> / Req/Unk <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:AE.AE03DT / AE ONSET DATE)								
5.	4. Severity:	(awarecdd:AE.AE04 / AE SEVERITY) [1] <input type="radio"/> Mild [2] <input type="radio"/> Moderate [3] <input type="radio"/> Severe [4] <input type="radio"/> Life Threatening [5] <input type="radio"/> Death								
6.	5. Was the event associated with any of the following? (if more than one answer applies, please choose the most serious)	(awarecdd:AE.AE05 / AE ASSOCIATED EVENT) [0] <input type="radio"/> None of the following [1] <input type="radio"/> Death [2] <input type="radio"/> Life-threatening event [3] <input type="radio"/> Inpatient admission to hospital [4] <input type="radio"/> Prolongation of hospitalization [5] <input type="radio"/> A persistent or significant disability or incapacity [6] <input type="radio"/> A congenital birth anomaly or defect [7] <input type="radio"/> Required significant intervention to prevent permanent impairment/damage								
7.	6. Study related? (check only one)	(awarecdd:AE.AE06 / AE STUDY EVENT RELATED) [1] <input type="radio"/> Unrelated [2] <input type="radio"/> Possibly related [3] <input type="radio"/> Probably related [4] <input type="radio"/> Definitely related								
8.	6a. Action(s) taken for study related event	(awarecdd:AE.AE06A / AE EVENT ACTION) [0] <input type="radio"/> None [1] <input type="radio"/> Participant continued with study [2] <input type="radio"/> Participant dropped from study								
9.	7. Outcome	(awarecdd:AE.AE07 / AE OUTCOME) [1] <input type="radio"/> Ongoing [2] <input type="radio"/> Resolved [3] <input type="radio"/> Resolved with sequelae [4] <input type="radio"/> Resolved by convention [5] <input type="radio"/> Death								
10.	8. Resolution date	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:AE.AE08DT / AE END DATE)								

Column Name	Column Data Type	Design Note
AE01	NUMERIC - N2	
AEADT	DATE - DDMONYYYY	
AE03DT	DATE - DDMONYYYY	
AE06A	NUMERIC	
AE07	NUMERIC	

AE05	NUMERIC	
AE02	STRING(100) - A100	
AE08DT	DATE - DDMONYYYY	
AE04	NUMERIC	
AE06	NUMERIC	

aware : Serious Adverse Events (SAE) - Repeating Form									
#	Assessment Date	1. Corresponding AE #	1a. Corresponding AE symptom(s) or diagnosis:	2. Narrative description of serious adverse event and any sequelae (if associated with hospitalization, include the dates of hospitalization)	3. Known medical history including pre-existing medical conditions (allergies, pregnancy, smoking and alcohol use, hypertension, diabetes, epilepsy, depression, etc)	4. What concomitant medications was the participant using at the time of this event? (Include name of medication, indication for medication, dose and date last taken if known)	5. What concomitant treatment was the participant engaged in at the time of this event? (Include name of treatment, indication for treatment, and date last treated if known)	6. What test/labs were performed in conjunction with this event?	
1									
* . Entry									
1.	Assessment Date	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SAE.VISIT_DT / ASSESSMENT DATE)							
2.	1. Corresponding AE #	xx (0 =< n <= 99) (awarecdd:SAE.SAE01 / SAE CORRESPOND AE NUM)							
3.	1a. Corresponding AE symptom(s) or diagnosis:	A100 (awarecdd:SAE.SAE01A / SAE CORRESPOND AE DX)							
4.	2. Narrative description of serious adverse event and any sequelae (if associated with hospitalization, include the dates of hospitalization)	A200 (awarecdd:SAE.SAE02 / SAE NARRATIVE)							
5.	3. Known medical history including pre-existing medical conditions (allergies, pregnancy, smoking and alcohol use, hypertension, diabetes, epilepsy, depression, etc)	(awarecdd:SAE.SAE03R / SAE KNOWN HISTORY) [1] <input type="radio"/> A200 (awarecdd:SAE.SAE03 / SAE KNOWN HISTORY SPECIFY) [98] <input type="radio"/> Unknown							
6.*	4. What concomitant medications was the participant using at the time of this event? (Include name of medication, indication for medication, dose and date last taken if known)	(awarecdd:SAE.SAE04 / SAE CONCOMITANT MEDS) [98] <input type="radio"/> Unknown [0] <input type="radio"/> None							
	Medication name	Indication						Dosage	Date last taken
7.									
* . Entry									
7.a*	Medication name	A200 (awarecdd:SAE2.SAE04A / SAE DRUG)							
7.b*	Indication	A200 (awarecdd:SAE2.SAE04B / SAE DRUG INDICATION)							
7.c*	Dosage	A200 (awarecdd:SAE2.SAE04C / SAE DRUG DOSAGE)							
7.d*	Date last taken	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SAE2.SAE04DT / SAE DT DRUG LAST TAKEN)							
* . Entry									
8.*	5. What concomitant treatment was the participant engaged in at the time of this event? (Include name of treatment, indication for treatment, and date last treated if known)	(awarecdd:SAE.SAE05 / SAE CONCOMITANT TX) [98] <input type="radio"/> Unknown [0] <input type="radio"/> None							
	Treatment name	Indication						Date last treated	
9.									
* . Entry									
9.a*	Treatment name	A200 (awarecdd:SAE3.SAE05A / SAE TREATMENT)							
9.b*	Indication	A200 (awarecdd:SAE3.SAE05B / SAE DRUG INDICATION)							
9.c*	Date last treated	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SAE3.SAE05DT / SAE DT OF LAST TREATMENT)							

10.*	6. What test/labs were performed in conjunction with this event?	(awarecdd:SAE.SAE06 / SAE LAB TESTS DONE) [98] <input type="radio"/> Unknown [0] <input type="radio"/> None
	Lab/Test data	Date of test
11.		
. Entry		
11.a*	Lab/Test data	A200 (awarecdd:SAE4.SAE06A / SAE LAB)
11.b*	Date of test	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2010-2013) (awarecdd:SAE4.SAE06DT / SAE DATE OF LAB TEST)
* Item is not required		

Column Name	Column Data Type	Design Note
SAE01A	STRING(100) - A100	
SAE03R	NUMERIC	
SAE02	STRING(200) - A200	
SAE01	NUMERIC - N2	
SAE03	STRING(200) - A200	
SAE04	NUMERIC	
VISIT_DT	DATE - DDMONYYYY	
SAE05	NUMERIC	
SAE06	NUMERIC	

Column Name	Column Data Type	Design Note
SAE04C	STRING(200) - A200	
SAE04B	STRING(200) - A200	
SAE04DT	DATE - DDMONYYYY	
SAE04A	STRING(200) - A200	

Column Name	Column Data Type	Design Note
SAE05B	STRING(200) - A200	
SAE05DT	DATE - DDMONYYYY	
SAE05A	STRING(200) - A200	

Column Name	Column Data Type	Design Note
SAE06DT	DATE - DDMONYYYY	
SAE06A	STRING(200) - A200	

aware : Protocol Violation Log (PVL) - Repeating Form								
#	Staff ID:	Report Date:	1. Date of violation:	2. Violation type (Enter code number from Violation Type Code List):	3. If Other is indicated, please provide the specification:	4. Description of violation	5. Has this protocol violation been resolved?	6. Comments:
1								
To be filled in by person(s) reporting this protocol violation								
1.	Staff ID:				A5	(awarecdd:PVL.PVLID / Staff ID)		
2.	Report Date:				Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/>	(2010-2013) (awarecdd:PVL.REPORTD / Protocol report date)		
3.	1. Date of violation:				Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/>	(2010-2013) (awarecdd:PVL.PVL01DT / Protocol violation date)		
4.	2. Violation type (Enter code number from Violation Type Code List):				Pulldown List 1 <input type="button" value="v"/>	(awarecdd:PVL.PVL02 / Protocol violation type)		
5.*	3. If Other is indicated, please provide the specification:				A100 <input type="text"/>	(awarecdd:PVL.PVL03 / Specify other violation)		
6.	4. Description of violation:				A200 <input type="text"/>	(awarecdd:PVL.PVL04 / PV description)		
7.	5. Has this protocol violation been resolved?				(awarecdd:PVL.PVL05 / Protocol violation resolved) [0] <input type="radio"/> No [1] <input type="radio"/> Yes If Yes: Indicate resolution/ corrective action taken: (awarecdd:PVL.PVL05SP / PV resolution description) A200 <input type="text"/>			
8.*	6. Comments:				A200 <input type="text"/>	(awarecdd:PVL.PVL06 / Protocol violation comments)		
* Item is not required								

Pulldown List 1:			
RefName	Display Text	Value	Design Note
iePVL01	01 Informed Consent Procedures	01	
iePVL01A	01A No consent/assent obtained	01A	
iePVL01C	01C Invalid/incomplete informed consent	01C	
iePVL01D	01D Unauthorized assessments and/or procedures conducted prior to obtaining informed consent	01D	
iePVL01E	01E Other	01E	
iePVL02	02 Inclusion/Exclusion Criteria	02	
iePVL03	03 Concomitant Medication/Therapy	03	
iePVL04	04 Lab Assessments/Procedures	04	
iePVL04A	04A Required testing not obtained	04A	
iePVL04B	04B Testing completed outside of window	04B	
iePVL04D	04D Unauthorized test/procedure obtained	04D	
iePVL04E	04E Other	04E	
iePVL05	05 Study Procedures/Assessments	05	
iePVL05A	05A Protocol required procedures not obtained	05A	
iePVL05C	05C Procedures/Assessments obtained outside of the visit time-frames	05C	
iePVL05D	05D Other	05D	
iePVL06	06 Serious Adverse Event	06	

iePVL06A	06A SAE not reported	06A	
iePVL06B	06B SAE reported out of time window	06B	
iePVL06C	06C Other	06C	
iePVL07	07 Randomization Procedures	07	
iePVL07A	07A Randomization procedures not followed	07A	
iePVL07B	07B Ineligible participant randomized	07B	
iePVL07C	07C Improper un-blinding procedures	07C	
iePVL07D	07D Other	07D	
iePVL07E	07E Incorrect treatment assignment	07E	
iePVL099	99 Other Significant Violations	99	
iePVL099C	99C Using advertising materials or brochures without prior IRB approval	99C	
iePVL099D	99D Other	99D	

CDD: awarecdd Table: PVL Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
REPORDT	DATE - DDMONYYYY	
PVL02	STRING(3) - 01, 01A, 01C, 01D, 01E, 02, 03, 04, 04A, 04B, 04D, 04E, 05, 05A, 05C, 05D, 06, 06A, 06B, 06C, 07, 07A, 07B, 07C, 07D, 07E, 99, 99C, 99D	
PVL04	STRING(200) - A200	
PVL03	STRING(100) - A100	
PVL05	NUMERIC	
PVLID	STRING(5) - A5	
PVL01DT	DATE - DDMONYYYY	
PVL06	STRING(200) - A200	
PVL05SP	STRING(200) - A200	

aware : STD Medical Record Abstraction Form For Females (SMRF) - Repeating Form											
#	Date Of Assessment	1. Staff ID:	2. Date Of Abstraction:	Visit Type:	4. Medical Record Source:	5. Vaginal GC	6. Vaginal CT	7. Vaginal Trich	8. Serum Syphilis	9. Serum Herpes	10. Comments
1											
.											
1.	Date Of Assessment	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMFADT / SMRF ASSESS DATE)									
2.	1. Staff ID:	A5 (awarecdd: SMRF.SMF01 / LAB STAFF ID)									
3.	2. Date Of Abstraction:	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF02DT / LAB DATE OF VISIT)									
4.	3. Visit Type:	(awarecdd: SMRF.SMF03 / LAB VISIT TYPE) [1] <input type="radio"/> Baseline Visit [2] <input type="radio"/> Six Month Visit [3] <input type="radio"/> Interim Visit, Specify: <input type="text" value="A200"/> (awarecdd: SMRF.SMF03ASP / LAB INTERIM SPEC)									
5.	4. Medical Record Source:	(awarecdd: SMRF.SMF04 / MED REC SOURCE) [1] <input type="radio"/> Electronic [2] <input type="radio"/> Paper [3] <input type="radio"/> Both									
FEMALE PATIENTS											
6.	5. Vaginal GC	Were Test Sample(s) Collected? (awarecdd: SMRF.SMF05A / LAB FEM VAG GC COLL) [1] <input type="radio"/> Yes, If Yes Date Of Collection: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF05ADT / LAB FEM VAG GC DT) [0] <input type="radio"/> No (awarecdd: SMRF.SMF05B / LAB FEM VAG GC RES OB) What Is The STD Lab Test Result? [1] <input type="radio"/> Date of Test Results: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF05BDT / LAB FEM VAG GC RES DT) (awarecdd: SMRF.SMF05BRE) [1] <input type="radio"/> + (Positive) [0] <input type="radio"/> - (Negative) [99] <input type="radio"/> NA (awarecdd: SMRF.SMF05C / LAB FEM VAG GC REC) Did Participant Receive Results? [1] <input type="radio"/> Yes, If Yes Date Results Given: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF05CDT / LAB FEM VAG GC REC DT) [0] <input type="radio"/> No (awarecdd: SMRF.SMF05D / LAB FEM VAG GC PROV) Was Treatment Provided? [1] <input type="radio"/> Yes, If Yes Date Of Treatment: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF05DDT / LAB FEM VAG GC PROV DT) [0] <input type="radio"/> No									
7.	6. Vaginal CT	Were Test Sample(s) Collected? (awarecdd: SMRF.SMF06A / LAB FEM VAG CT COLL) [1] <input type="radio"/> Yes, If Yes Date Of Collection: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF06ADT / LAB FEM VAG CT COLL) [0] <input type="radio"/> No (awarecdd: SMRF.SMF06B / LAB FEM VAG CT RES OB) What Is The STD Lab Test Result? [1] <input type="radio"/> Date of Test Results: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF06BDT / LAB FEM VAG CT PROV DT) (awarecdd: SMRF.SMF06BRE / LAB FEM VAG GC RES) [1] <input type="radio"/> + (Positive) - (Negative)									

		<p><input type="radio"/> [0]</p> <p><input type="radio"/> [99] NA</p> <p>(awarecdd:SMRF.SMF06C / LAB FEM VAG CT REC)</p> <p>Did Participant Receive Results?</p> <p><input type="radio"/> [1] Yes, If Yes Date Results Given: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRF.SMF06CDT / LAB FEM VAG TRICH REC DT)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRF.SMF06D / LAB FEM VAG CT PROV)</p> <p>Was Treatment Provided?</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Treatment: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRF.SMF06DDT / LAB FEM VAG CT PROV DT)</p> <p><input type="radio"/> [0] No</p>
8.	7. Vaginal Trich	<p>Were Test Sample(s) Collected?</p> <p>(awarecdd:SMRF.SMF07A / LAB FEM VAG TRICH COLL)</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Collection: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRF.SMF07ADT / LAB FEM VAG TRICH DT)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRF.SMF07B / LAB FEM VAG TRICH RES OB)</p> <p>What Is The STD Lab Test Result?</p> <p><input type="radio"/> [1] Date of Test Results: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRF.SMF07BDT / LAB FEM VAG TRICH RES DT)</p> <p>(awarecdd:SMRF.SMF07BRE / LAB FEM VAG TRICH RES)</p> <p><input type="radio"/> [1] + (Positive)</p> <p><input type="radio"/> [0] - (Negative)</p> <p><input type="radio"/> [99] NA</p> <p>(awarecdd:SMRF.SMF07C / LAB FEM VAG TRICH REC)</p> <p>Did Participant Receive Results?</p> <p><input type="radio"/> [1] Yes, If Yes Date Results Given: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRF.SMF07CDT / LAB FEM VAG TRICH PROV DT)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRF.SMF07D / LAB FEM VAG TRICH PROV DT)</p> <p>Was Treatment Provided?</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Treatment: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRF.SMF07DDT / LAB FEM VAG TRICH PROV DT)</p> <p><input type="radio"/> [0] No</p>
9.	8. Serum Syphilis	<p>(awarecdd:SMRF.SMF08A / LAB FEM BL SYPH COLL)</p> <p>Were Test Sample(s) Collected?</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Collection: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRF.SMF08ADT / LAB FEM BL SYPH DT)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRF.SMF08B / LAB FEM BL SYPH RES OB)</p> <p>What Is The STD Lab Test Result?</p> <p><input type="radio"/> [1] Date of Test Results: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRF.SMF08BDT / LAB FEM BL SYPH RES DT)</p> <p>(awarecdd:SMRF.SMF08BRE / LAB FEM BL SYPH RES)</p> <p><input type="radio"/> [1] + (Positive)</p> <p><input type="radio"/> [2] Positive - Weakly Reactive</p> <p><input type="radio"/> [3] Positive - Undiluted</p> <p><input type="radio"/> [0] - (Negative)</p> <p><input type="radio"/> [99] NA</p> <p>(awarecdd:SMRF.SMF08C / LAB FEM BL SYPH RAT YN)</p> <p>If The Lab Test Results Were Obtained And They Were Positive, What Was The Ratio</p> <p><input type="radio"/> [1] VDRL 1 : xxxxxxxxxxxxxx. (awarecdd:SMRF.SMF08CA / LAB FEM BL SYPH RAT A)</p> <p><input type="radio"/> [2] RPR 1 : xxxxxxxxxxxxxx. (awarecdd:SMRF.SMF08CB / LAB FEM BL SYPH RAT B)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRF.SMF08D / LAB FEM BL SYPH RES)</p>

		<p>If The Ratio Was Greater Than 1:1 Then What Was The Result Of The Confirmatory Test (i.e. TPPA or FTA)?</p> <p>[1] <input type="radio"/> Date of Test Results: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF08DDT / LAB FEM BL SYPH RES A DT) (awarecdd: SMRF.SMF08DRE / LAB FEM BL SYPH RES A) [1] <input type="radio"/> + (Positive) [0] <input type="radio"/> - (Negative) [99] <input type="radio"/> NA (awarecdd: SMRF.SMF08E / LAB FEM BL SYPH CLIN ASSESS) Clinical Assessment: [1] <input type="radio"/> Syphilis, primary [2] <input type="radio"/> Syphilis, secondary [3] <input type="radio"/> Syphilis, early latent [4] <input type="radio"/> Syphilis, late latent [5] <input type="radio"/> Syphilis, neurosyphilis [6] <input type="radio"/> Syphilis, late non-neuro (awarecdd: SMRF.SMF08F / LAB FEM BL SYPH REC) Did Participant Receive Results? [1] <input type="radio"/> Yes, If Yes Date Results Given: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF08FDT / LAB FEM BL SYPH REC DT) [0] <input type="radio"/> No (awarecdd: SMRF.SMF08G / LAB FEM BL SYPH PROV) Was Treatment Provided? [1] <input type="radio"/> Yes, If Yes Date Of Treatment: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF08GDT / LAB FEM BL SYPH PROV DT) [0] <input type="radio"/> No</p>
10.	9. Serum Herpes	<p>Were Test Sample(s) Collected? (awarecdd: SMRF.SMF09A / LAB FEM BL HERP COLL) [1] <input type="radio"/> Yes, If Yes Date Of Collection: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF09ADT / LAB FEM BL HERP DT) [0] <input type="radio"/> No (awarecdd: SMRF.SMF09B / LAB FEM BL HERP RES OB) What Is The STD Lab Test Result? [1] <input type="radio"/> Date of Test Results: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF09BDT / LAB FEM BL HERP RES DT) (awarecdd: SMRF.SMF09BRE / LAB FEM BL HERP RES) [1] <input type="radio"/> + (Positive) [0] <input type="radio"/> - (Negative) [2] <input type="radio"/> Indeterminate [99] <input type="radio"/> NA (awarecdd: SMRF.SMF09CA / LAB FEM BL HERP VALUE) Serum Herpes Value [1] <input type="radio"/> xxxxxxxx.x (awarecdd: SMRF.SMF09C / LAB FEM BL HERP VALUE YN) [99] <input type="radio"/> NA (awarecdd: SMRF.SMF09D / SMF09D) Did Participant Receive Results? [1] <input type="radio"/> Yes, If Yes Date Results Given: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF09DDT / LAB FEM BL HERP REC DT) [0] <input type="radio"/> No (awarecdd: SMRF.SMF09E / LAB FEM BL HERP PROV) Was Treatment Provided? [1] <input type="radio"/> Yes, If Yes Date Of Treatment: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd: SMRF.SMF09EDT / LAB FEM BL HERP PROV DT) [0] <input type="radio"/> No</p>
11.*	10. Comments	<p>A200 (awarecdd: SMRF.SMF10 / SMRF COMMENTS)</p>

* Item is not required

CDD: awarecdd Table: SMRF Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SMF06ADT	DATE - DDMONYYYY	
SMF07DDT	DATE - DDMONYYYY	
SMF06BDT	DATE - DDMONYYYY	
SMF08E	NUMERIC	
SMF07CDT	DATE - DDMONYYYY	
SMF05A	NUMERIC	
SMF08BDT	DATE - DDMONYYYY	
SMF06DDT	DATE - DDMONYYYY	
SMF08B	NUMERIC	
SMF08A	NUMERIC	
SMF08FDT	DATE - DDMONYYYY	
SMF10	STRING(200) - A200	
SMFADT	DATE - DDMONYYYY	
SMF08ADT	DATE - DDMONYYYY	
SMF08GDT	DATE - DDMONYYYY	
SMF09A	NUMERIC	
SMF06BRE	NUMERIC	
SMF08F	NUMERIC	
SMF07B	NUMERIC	
SMF05BRE	NUMERIC	
SMF05ADT	DATE - DDMONYYYY	
SMF08G	NUMERIC	
SMF05BDT	DATE - DDMONYYYY	
SMF08DDT	DATE - DDMONYYYY	
SMF09C	FLOAT - F10.1	
SMF08BRE	NUMERIC	
SMF07D	NUMERIC	
SMF05B	NUMERIC	
SMF05DDT	DATE - DDMONYYYY	
SMF07C	NUMERIC	
SMF05CDT	DATE - DDMONYYYY	
SMF03	NUMERIC	
SMF08CB	FLOAT - F14.0	
SMF06B	NUMERIC	
SMF09EDT	DATE - DDMONYYYY	
SMF09ADT	DATE - DDMONYYYY	
SMF03ASP	STRING(200) - A200	
SMF09D	NUMERIC	
SMF09BDT	DATE - DDMONYYYY	
SMF06C	NUMERIC	
SMF08D	NUMERIC	
SMF04	NUMERIC	

SMF09B	NUMERIC	
SMF05C	NUMERIC	
SMF06CDT	DATE - DDMONYYYY	
SMF09BRE	NUMERIC	
SMF09E	NUMERIC	
SMF08CA	FLOAT - F14.0	
SMF01	STRING(5) - A5	
SMF09DDT	DATE - DDMONYYYY	
SMF08DRE	NUMERIC	
SMF08C	NUMERIC	
SMF06D	NUMERIC	
SMF07BDT	DATE - DDMONYYYY	
SMF07ADT	DATE - DDMONYYYY	
SMF06A	NUMERIC	
SMF02DT	DATE - DDMONYYYY	
SMF07A	NUMERIC	
SMF05D	NUMERIC	
SMF09CA	NUMERIC	
SMF07BRE	NUMERIC	

aware : STD Medical Record Abstraction Form For Males (SMRM) - Repeating Form												
#	Date Of Assessment	1. Staff ID:	2. Date Of Abstraction:	Visit Type:	4. Medical Record Source:	5. Urethral GC	6. Urethral CT	7. Rectal GC	8. Rectal CT	9. Serum Syphilis	10. Serum Herpes	11. Comments
1												
.												
1.	Date Of Assessment	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd: SMRM.SMMADT / SMRM ASSESS DATE)										
2.	1. Staff ID:	A5 (awarecdd: SMRM.SMM01 / LAB STAFF ID)										
3.	2. Date Of Abstraction:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd: SMRM.SMM02DT / LAB DATE OF VISIT)										
4.	3. Visit Type:	(awarecdd: SMRM.SMM03 / LAB VISIT TYPE) [1] <input type="radio"/> Baseline Visit [2] <input type="radio"/> Six Month Visit [3] <input type="radio"/> Interim Visit, Specify: <input type="text" value="A200"/> (awarecdd: SMRM.SMM03ASP / LAB INTERIM SPEC)										
5.	4. Medical Record Source:	(awarecdd: SMRM.SMM04 / MED REC SOURCE) [1] <input type="radio"/> Electronic [2] <input type="radio"/> Paper [3] <input type="radio"/> Both										
MALE PATIENTS												
6.	5. Urethral GC	Were Test Sample(s) Collected? (awarecdd: SMRM.SMM05A / LAB MALE URE GC COLL) [1] <input type="radio"/> Yes, If Yes Date Of Collection: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd: SMRM.SMM05ADT / LAB MALE URE GC DT) [0] <input type="radio"/> No (awarecdd: SMRM.SMM05B / LAB MALE URE GC RES OB) What Is The STD Lab Test Result? [1] <input type="radio"/> Date of Test Results: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd: SMRM.SMM05BDT / LAB MALE URE GC RES DT) (awarecdd: SMRM.SMM05BRE / LAB MALE URE GC RES) [1] <input type="radio"/> + (Positive) [0] <input type="radio"/> - (Negative) [99] <input type="radio"/> NA (awarecdd: SMRM.SMM05C / LAB MALE URE GC REC) Did Participant Receive Results? [1] <input type="radio"/> Yes, If Yes Date Results Given: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd: SMRM.SMM05CDT / LAB MALE URE GC REC DT) [0] <input type="radio"/> No (awarecdd: SMRM.SMM05D / LAB MALE URE GC PROV) Was Treatment Provided? [1] <input type="radio"/> Yes, If Yes Date Of Treatment: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd: SMRM.SMM05DDT / LAB MALE URE GC PROV DT) [0] <input type="radio"/> No										
7.	6. Urethral CT	Were Test Sample(s) Collected? (awarecdd: SMRM.SMM06A / LAB MALE URE CT COLL) [1] <input type="radio"/> Yes, If Yes Date Of Collection: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd: SMRM.SMM06ADT / LAB MALE URE CT DT) [0] <input type="radio"/> No (awarecdd: SMRM.SMM06B / LAB MALE URE CT RES OB) What Is The STD Lab Test Result? [1] <input type="radio"/> Date of Test Results: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd: SMRM.SMM06BDT / LAB MALE URE CT RES DT) (awarecdd: SMRM.SMM06BRE / LAB MALE URE CT RES) [1] <input type="radio"/> + (Positive) - (Negative)										

		<p><input type="radio"/> [0]</p> <p><input type="radio"/> [99] NA</p> <p>(awarecdd:SMRM.SMM06C / LAB MALE URE CT REC) Did Participant Receive Results?</p> <p><input type="radio"/> [1] Yes, If Yes Date Results Given: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM06CDT / LAB MALE URE CT REC DT)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRM.SMM06D / LAB MALE URE CT PROV) Was Treatment Provided?</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Treatment: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM06DDT / LAB MALE URE CT PROV DT)</p> <p><input type="radio"/> [0] No</p>
8.	7. Rectal GC	<p>Were Test Sample(s) Collected?</p> <p>(awarecdd:SMRM.SMM07A / LAB MALE REC GC COLL)</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Collection: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM07ADT / LAB MALE REC GC DT)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRM.SMM07B / LAB MALE REC GC RES OB) What Is The STD Lab Test Result?</p> <p><input type="radio"/> [1] Date of Test Results: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM07BDT / LAB MALE REC GC RES DT) (awarecdd:SMRM.SMM07BRE / LAB MALE REC GC RES)</p> <p><input type="radio"/> [1] + (Positive)</p> <p><input type="radio"/> [0] - (Negative)</p> <p><input type="radio"/> [99] NA</p> <p>(awarecdd:SMRM.SMM07C / LAB MALE REC GC REC) Did Participant Receive Results?</p> <p><input type="radio"/> [1] Yes, If Yes Date Results Given: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM07CDT / LAB MALE REC GC REC DT)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRM.SMM07D / LAB MALE REC GC PROV) Was Treatment Provided?</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Treatment: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM07DDT / LAB MALE REC GC PROV DT)</p> <p><input type="radio"/> [0] No</p>
9.	8. Rectal CT	<p>Were Test Sample(s) Collected?</p> <p>(awarecdd:SMRM.SMM08A / LAB MALE REC CT COLL)</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Collection: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM08ADT / LAB MALE REC CT DT)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRM.SMM08B / LAB MALE REC CT RES OB) What Is The STD Lab Test Result?</p> <p><input type="radio"/> [1] Date of Test Results: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM08BDT / LAB MALE REC CT RES DT) (awarecdd:SMRM.SMM08BRE / LAB MALE REC CT RES)</p> <p><input type="radio"/> [1] + (Positive)</p> <p><input type="radio"/> [0] - (Negative)</p> <p><input type="radio"/> [99] NA</p> <p>(awarecdd:SMRM.SMM08C / LAB MALE BL SYPH RAT YN) Did Participant Receive Results?</p> <p><input type="radio"/> [1] Yes, If Yes Date Results Given: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM08CDT / LAB MALE BL SYPH RAT B)</p> <p><input type="radio"/> [0] No</p> <p>(awarecdd:SMRM.SMM08D / LAB MALE REC CT PROV) Was Treatment Provided?</p> <p><input type="radio"/> [1] Yes, If Yes Date Of Treatment: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:SMRM.SMM08DDT / LAB MALE REC CT PROV DT)</p>

		<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <p>[0] <input type="radio"/> No</p>
10.	9. Serum Syphilis	<p>Were Test Sample(s) Collected? (awarecdd:SMRM.SMM09A / LAB MALE BL SYPH COLL)</p> <p>[1] <input type="radio"/> Yes, If Yes Date Of Collection: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd:SMRM.SMM09ADT / LAB MALE BL SYPH DT)</p> <p>[0] <input type="radio"/> No (awarecdd:SMRM.SMM09B / LAB MALE BL SYPH RES OB)</p> <p>What Is The STD Lab Test Result?</p> <p>[1] <input type="radio"/> Date of Test Results: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd:SMRM.SMM09BDT / LAB MALE BL SYPH RES DT) (awarecdd:SMRM.SMM09BRE / LAB MALE BL SYPH RES)</p> <p>[1] <input type="radio"/> + (Positive)</p> <p>[2] <input type="radio"/> Positive - Weakly Reactive</p> <p>[3] <input type="radio"/> Positive - Undiluted</p> <p>[0] <input type="radio"/> - (Negative)</p> <p>[99] <input type="radio"/> NA (awarecdd:SMRM.SMM09C / LAB MALE BL SYPH RAT YN)</p> <p>If The Lab Test Results Were Obtained And They Were Positive, What Was The Ratio</p> <p>[1] <input type="radio"/> VDRL 1 : xxxxxxxxxxxx. (awarecdd:SMRM.SMM09CA / LAB MALE BL SYPH RAT A)</p> <p>[2] <input type="radio"/> RPR 1 : xxxxxxxxxxxx. (awarecdd:SMRM.SMM09CB / LAB MALE BL SYPH RAT B)</p> <p>[98] <input type="radio"/> NA (awarecdd:SMRM.SMM09D / LAB MALE BL SYPH RES)</p> <p>If The Ratio Was Greater Than 1: 1 Then What Was The Result Of The Confirmatory Test (i.e. TPPA or FTA)?</p> <p>[1] <input type="radio"/> Date of Test Results: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd:SMRM.SMM09DDT / LAB MALE BL SYPH RES A DT) (awarecdd:SMRM.SMM09DRE / LAB MALE BL SYPH RES A)</p> <p>[1] <input type="radio"/> + (Positive)</p> <p>[0] <input type="radio"/> - (Negative)</p> <p>[0] <input type="radio"/> No (awarecdd:SMRM.SMM09E / LAB MALE BL SYPH CLIN ASSESS)</p> <p>Clinical Assessment:</p> <p>[1] <input type="radio"/> Syphilis, primary</p> <p>[2] <input type="radio"/> Syphilis, secondary</p> <p>[3] <input type="radio"/> Syphilis, early latent</p> <p>[4] <input type="radio"/> Syphilis, late latent</p> <p>[5] <input type="radio"/> Syphilis, neurosyphilis</p> <p>[6] <input type="radio"/> Syphilis, late non-neuro (awarecdd:SMRM.SMM09F / LAB MALE BL SYPH REC)</p> <p>Did Participant Receive Results?</p> <p>[1] <input type="radio"/> Yes, If Yes Date Results Given: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd:SMRM.SMM09FDT / LAB MALE BL SYPH REC DT)</p> <p>[0] <input type="radio"/> No (awarecdd:SMRM.SMM09G / LAB MALE BL SYPH PROV)</p> <p>Was Treatment Provided?</p> <p>[1] <input type="radio"/> Yes, If Yes Date Of Treatment: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd:SMRM.SMM09GDT / LAB MALE BL SYPH PROV DT)</p> <p>[0] <input type="radio"/> No</p>
11.	10. Serum Herpes	<p>Were Test Sample(s) Collected? (awarecdd:SMRM.SMM10A / LAB MALE BL HERP COLL)</p> <p>[1] <input type="radio"/> Yes, If Yes Date Of Collection: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd:SMRM.SMM10ADT / LAB MALE BL HERP DT)</p> <p>[0] <input type="radio"/> No (awarecdd:SMRM.SMM10B / LAB MALE BL HERP RES OB)</p> <p>What Is The STD Lab Test Result?</p> <p>[1] <input type="radio"/> Date of Test Results:</p>

		<p>Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd: SMRM.SMM10BDT / LAB MALE BL HERP RES DT) (awarecdd: SMRM.SMM10BRE / LAB MALE BL HERP RES) [1] <input type="radio"/> + (Positive) [0] <input type="radio"/> - (Negative) [2] <input type="radio"/> Indeterminate [99] <input type="radio"/> NA (awarecdd: SMRM.SMM10C / LAB MALE BL HERP VALUE YN) Serum Herpes Value [1] <input type="radio"/> xxxxxxxx.x (awarecdd: SMRM.SMM10CA / LAB MALE BL HERP VALUE) [99] <input type="radio"/> NA (awarecdd: SMRM.SMM10D / LAB MALE BL HERP REC) Did Participant Receive Results? [1] <input type="radio"/> Yes, If Yes Date Results Given: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd: SMRM.SMM10DDT / LAB MALE BL HERP REC DT) [0] <input type="radio"/> No (awarecdd: SMRM.SMM10E / LAB MALE BL HERP PROV) Was Treatment Provided? [1] <input type="radio"/> Yes, If Yes Date Of Treatment: Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd: SMRM.SMM10EDT / LAB MALE BL HERP PROV DT) [0] <input type="radio"/> No</p>
12.*	11. Comments	<p><input type="text" value="A200"/> (awarecdd: SMRM.SMM11 / SMRM COMMENTS)</p>
* Item is not required		

CDD: awarecdd Table: SMRM Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SMM04	NUMERIC	
SMM05B	NUMERIC	
SMM08CDT	DATE - DDMONYYYY	
SMM09BDT	DATE - DDMONYYYY	
SMM05A	NUMERIC	
SMM09G	NUMERIC	
SMM10DDT	DATE - DDMONYYYY	
SMM08D	NUMERIC	
SMM08DDT	DATE - DDMONYYYY	
SMM05D	NUMERIC	
SMM05DDT	DATE - DDMONYYYY	
SMM09ADT	DATE - DDMONYYYY	
SMM11	STRING(200) - A200	
SMM08A	NUMERIC	
SMM09DRE	NUMERIC	
SMM09CA	FLOAT - F14.0	
SMM08BDT	DATE - DDMONYYYY	
SMM06CDT	DATE - DDMONYYYY	
SMM09FDT	DATE - DDMONYYYY	
SMM08BRE	NUMERIC	
SMM09A	NUMERIC	
SMM05CDT	DATE - DDMONYYYY	
SMM10ADT	DATE - DDMONYYYY	

SMM10BDT	DATE - DDMONYYYY	
SMM07ADT	DATE - DDMONYYYY	
SMM06DDT	DATE - DDMONYYYY	
SMM09GDT	DATE - DDMONYYYY	
SMM10D	NUMERIC	
SMMADT	DATE - DDMONYYYY	
SMM07D	NUMERIC	
SMM09B	NUMERIC	
SMM03ASP	STRING(200) - A200	
SMM06A	NUMERIC	
SMM06C	NUMERIC	
SMM05C	NUMERIC	
SMM09D	NUMERIC	
SMM05ADT	DATE - DDMONYYYY	
SMM09BRE	NUMERIC	
SMM09CB	FLOAT - F14.0	
SMM01	STRING(5) - A5	
SMM06BRE	NUMERIC	
SMM07BDT	DATE - DDMONYYYY	
SMM10CA	FLOAT - F10.1	
SMM09DDT	DATE - DDMONYYYY	
SMM10EDT	DATE - DDMONYYYY	
SMM07C	NUMERIC	
SMM07BRE	NUMERIC	
SMM06ADT	DATE - DDMONYYYY	
SMM10BRE	NUMERIC	
SMM05BDT	DATE - DDMONYYYY	
SMM08ADT	DATE - DDMONYYYY	
SMM10A	NUMERIC	
SMM07A	NUMERIC	
SMM09E	NUMERIC	
SMM08B	NUMERIC	
SMM05BRE	NUMERIC	
SMM07B	NUMERIC	
SMM08C	NUMERIC	
SMM07DDT	DATE - DDMONYYYY	
SMM02DT	DATE - DDMONYYYY	
SMM07CDT	DATE - DDMONYYYY	
SMM09F	NUMERIC	
SMM10B	NUMERIC	
SMM03	NUMERIC	
SMM06D	NUMERIC	
SMM10E	NUMERIC	
SMM06B	NUMERIC	
SMM06BDT	DATE - DDMONYYYY	
SMM09C	NUMERIC	
SMM10C	NUMERIC	

aware : STD Medical Record Abstraction Form (SMR2) - Repeating Form										
#	Date Of Assessment	1. Staff ID:	2. Date Of Abstraction:	Visit Type:	4. Medical Record Source:	5. Reason For Visit:	6. Clinical Diagnosis	7. In House Tests	9. Comments	
1										
.										
1.	Date Of Assessment						Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013)	(awarecdd: SMR2.SM2ADT / SMR2 ASSESS DATE)		
2.	1. Staff ID:	A5					(awarecdd: SMR2.SM201 / LAB STAFF ID)			
3.	2. Date Of Abstraction:						Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013)	(awarecdd: SMR2.SM202DT / LAB DATE OF ABSTRACTION)		
4.	3. Visit Type:						(awarecdd: SMR2.SM203 / LAB VISIT TYPE) [1] <input type="radio"/> Baseline Visit [2] <input type="radio"/> Six Month Visit [3] <input type="radio"/> Interim Visit, Specify: <input type="text" value="A200"/> (awarecdd: SMR2.SM203ASP / LAB INTERIM SPEC)			
5.	4. Medical Record Source:						(awarecdd: SMR2.SM204 / MED REC SOURCE) [1] <input type="radio"/> Electronic [2] <input type="radio"/> Paper [3] <input type="radio"/> Both			
.										
6.	5. Reason For Visit: (CHECK ALL THAT APPLY)						(awarecdd: SMR2.SM205A / VIS REAS SCREENING) [1] <input type="checkbox"/> Screening (awarecdd: SMR2.SM205B / VIS REAS SYMP) [1] <input type="checkbox"/> Symptoms (CHECK ALL THAT APPLY) (awarecdd: SMR2.SM205BA / VIS REAS SYMP FEVER) [1] <input type="checkbox"/> Fever (awarecdd: SMR2.SM205BB / VIS REAS SYMP SW GLAND) [1] <input type="checkbox"/> Swollen Glands (awarecdd: SMR2.SM205BC / VIS REAS SYMP SR THROAT) [1] <input type="checkbox"/> Sore Throat (awarecdd: SMR2.SM205BD / VIS REAS SYMP RASH) [1] <input type="checkbox"/> Rash (awarecdd: SMR2.SM205BE / VIS REAS SYMP JOINT PN) [1] <input type="checkbox"/> Joint Pain (awarecdd: SMR2.SM205BF / VIS REAS SYMP DIARRHEA) [1] <input type="checkbox"/> Diarrhea (awarecdd: SMR2.SM205BG / VIS REAS SYMP DEC APP) [1] <input type="checkbox"/> Decrease Appetite Or Weight Loss (awarecdd: SMR2.SM205BH / VIS REAS SYMP NIGHT SW) [1] <input type="checkbox"/> Night Sweats (awarecdd: SMR2.SM205BI / VIS REAS SYMP MUSC ACHE) [1] <input type="checkbox"/> Muscle Aches (awarecdd: SMR2.SM205BJ / VIS REAS SYMP FATIGUE) [1] <input type="checkbox"/> Fatigue (awarecdd: SMR2.SM205BK / VIS REAS SYMP TOO SICK) [1] <input type="checkbox"/> Too Sick To Work (awarecdd: SMR2.SM205BL / VIS REAS SYMP AB DISC) [1] <input type="checkbox"/> Abnormal Vaginal or Penile Drip/Discharge (awarecdd: SMR2.SM205B4 / VIS REAS SYMP REC DISC) [1] <input type="checkbox"/> Abnormal Rectal Drip/Discharge (awarecdd: SMR2.SM205BM) [1] <input type="checkbox"/> Abnormal Vaginal Discharge With Odor (awarecdd: SMR2.SM205BN / VIS REAS SYMP AB BLEED) [1] <input type="checkbox"/> Abnormal Vaginal Bleeding Between Periods (awarecdd: SMR2.SM205BO / VIS REAS SYMP BURN) [1] <input type="checkbox"/> Vaginal Or Penile Burning/Irritation/Itching (awarecdd: SMR2.SM205BP / VIS REAS SYMP BL DISC)			

		<p>[1] <input type="checkbox"/> Bloody Discharge (Penis or Vagina) (awarecdd: SMR2.SM205B5 / VIS REAS SYMP BL REC DISC) [1] <input type="checkbox"/> Bloody Discharge (Rectum/Anus) (awarecdd: SMR2.SM205BQ / VIS REAS SYMP DISC URIN) [1] <input type="checkbox"/> Discomfort Urinating (Burning Or Itching) (awarecdd: SMR2.SM205BR / VIS REAS SYMP DISC BM) [1] <input type="checkbox"/> Discomfort With Bowel Movements (Burning Or Itching) (awarecdd: SMR2.SM205BS / VIS REAS SYMP CONST BM) [1] <input type="checkbox"/> Feeling Like You Constantly Have To Have A Bowel Movement (awarecdd: SMR2.SM205BT / VIS REAS SYMP PAIN SEX) [1] <input type="checkbox"/> Painful Sexual Intercourse (awarecdd: SMR2.SM205BU / VIS REAS SYMP PAIN TEST) [1] <input type="checkbox"/> Pain Or Swelling In The Testicles (awarecdd: SMR2.SM205BV / VIS REAS SYMP FREQ URIN) [1] <input type="checkbox"/> Frequent Urination (awarecdd: SMR2.SM205BW / VIS REAS SYMP ABDO PAIN) [1] <input type="checkbox"/> Abdominal Or Pelvic Pain (awarecdd: SMR2.SM205BX / VIS REAS SYMP GEN BLIS) [1] <input type="checkbox"/> Blisters/Lesions/Sores/Ulcers On The Genitals (awarecdd: SMR2.SM205BY / VIS REAS SYMP MOU BLIS) [1] <input type="checkbox"/> Blisters/Lesions/Sores/Ulcers On The Mouth (awarecdd: SMR2.SM205BZ / VIS REAS SYMP BUTT BLIS) [1] <input type="checkbox"/> Blisters/Lesions/Sores/Ulcers On Rectum/Anus (awarecdd: SMR2.SM205B1 / VIS REAS SYMP OTH BLIS) [1] <input type="checkbox"/> Blisters/Lesions/Sores/Ulcers On The Other (awarecdd: SMR2.SM205B2 / VIS REAS SYMP GRAY BUMP) [1] <input type="checkbox"/> Growths (Bumps) Flesh Color Or Gray Swellings (awarecdd: SMR2.SM205B3 / VIS REAS SYMP FLU SYMP) [1] <input type="checkbox"/> Flu-Like Symptoms (awarecdd: SMR2.SM205C / VIS REAS CONTACT STI) [1] <input type="checkbox"/> Contact to an STI (awarecdd: SMR2.SM205D / VIS REAS FAMILY PLAN) [1] <input type="checkbox"/> Family Planning (Birth Control, Pap Smear, Emergency Contraception, Pregnancy/Termination) (awarecdd: SMR2.SM205E / VIS REAS PEP) [1] <input type="checkbox"/> PEP (awarecdd: SMR2.SM205F / VIS REAS FU) [1] <input type="checkbox"/> Follow-Up (Wart Treatment, for example) (awarecdd: SMR2.SM205G / VIS REAS OTH1) [1] <input type="checkbox"/> Other, Specify <input type="text" value="A200"/> (awarecdd: SMR2.SM205GSP / VIS REAS OTH1 SPEC) (awarecdd: SMR2.SM205H / VIS REAS OTH2) [1] <input type="checkbox"/> Other, Specify <input type="text" value="A200"/> (awarecdd: SMR2.SM205HSP / VIS REAS OTH2 SPEC) (awarecdd: SMR2.SM205I / VIS REAS OTH3) [1] <input type="checkbox"/> Other, Specify <input type="text" value="A200"/> (awarecdd: SMR2.SM205ISP / VIS REAS OTH3 SPEC)</p>
7.*	6. Clinical Diagnosis (Based On Clinical Assessment And In-House Tests - Not Laboratory Diagnosis) (CHECK ALL THAT APPLY)	<p>(awarecdd: SMR2.SM206A / CLIN DIAG STI) [1] <input type="checkbox"/> STIs (awarecdd: SMR2.SM206AA / CLIN DIAG STI GONORRHEA) [1] <input type="checkbox"/> Gonorrhea (awarecdd: SMR2.SM206AC / CLIN DIAG STI HERPES) [1] <input type="checkbox"/> Herpes (awarecdd: SMR2.SM206AB / CLIN DIAG STI CHLAMYDIA) [1] <input type="checkbox"/> Chlamydia (awarecdd: SMR2.SM206AD / CLIN DIAG STI SYPHILIS) [1] <input type="checkbox"/> Syphilis (awarecdd: SMR2.SM206AE / CLIN CIAG STI TRICH) [1] <input type="checkbox"/> Trichomoniasis (awarecdd: SMR2.SM206AF / CLIN DIAG STI CHANCROID) [1] <input type="checkbox"/> Chancroid (Hemophilus ducreyi) (awarecdd: SMR2.SM206AG / CLIN DIAG STI HPV) [1] <input type="checkbox"/> Human Papilloma Virus (HPV)/ Warts (awarecdd: SMR2.SM206AH / CLIN DIAG STI LGV)</p>

		<p>[1] <input type="checkbox"/> LGV</p> <p>(awarecdd: SMR2.SM206B / CLIN DIAG YEAST INF) [1] <input type="checkbox"/> Yeast Infection</p> <p>(awarecdd: SMR2.SM206C / CLIN DIAG STI) [1] <input type="checkbox"/> Bacterial Vaginosis</p> <p>(awarecdd: SMR2.SM206D / CLIN DIAG PEL INFLAM) [1] <input type="checkbox"/> Pelvic Inflammatory Disease</p> <p>(awarecdd: SMR2.SM206E / CLIN DIAG DERM) [1] <input type="checkbox"/> Other Dermatologic Conditions (awarecdd: SMR2.SM206EA / CLIN DIAG DERM MOLLUSCUM) [1] <input type="checkbox"/> Molluscum (awarecdd: SMR2.SM206EB / CLIN DIAG DERM SCABIES) [1] <input type="checkbox"/> Scabies (awarecdd: SMR2.SM206EC / CLIN DIAG DERM NOT SPEC) [1] <input type="checkbox"/> Other Dermatological Condition Not Otherwise Specified</p> <p>(awarecdd: SMR2.SM206F / CLIN DIAG ACUTE HIV) [1] <input type="checkbox"/> Acute HIV</p> <p>(awarecdd: SMR2.SM206G / CLIN DIAG ADULT MALE SHIG) [1] <input type="checkbox"/> Adult Male Shigellosis</p> <p>(awarecdd: SMR2.SM206H / CLIN DIAG OTHER 1) [1] <input type="checkbox"/> Other, Specify <input type="text" value="A200"/> (awarecdd: SMR2.SM206HSP / CLIN DIAG OTHER 1 SP)</p> <p>(awarecdd: SMR2.SM206I / CLIN DIAG OTHER 2) [1] <input type="checkbox"/> Other, Specify <input type="text" value="A200"/> (awarecdd: SMR2.SM206ISP / CLIN DIAG OTHER 2 SP)</p> <p>(awarecdd: SMR2.SM206J / CLIN DIAG OTHER 3) [1] <input type="checkbox"/> Other, Specify <input type="text" value="A200"/> (awarecdd: SMR2.SM206JSP / CLIN DIAG OTHER 3 SP)</p>
g.*	7. Additional Tests (CHECK ALL THAT APPLY)	<p>(awarecdd: SMR2.SM207A / IN HOUSE TEST WET) [1] <input type="checkbox"/> (awarecdd: SMR2.SM207AR / IN HOUSE TEST WET RES) Wet Mount/Microscopy (For Trich, Yeast, BV) [1] <input type="radio"/> Positive [0] <input type="radio"/> Negative [2] <input type="radio"/> Indeterminate</p> <p>(awarecdd: SMR2.SM207J / IN HOUSE TEST TRICH) [1] <input type="checkbox"/> (awarecdd: SMR2.SM207JR / IN HOUSE TEST TRICH RES) Culture For Trich [1] <input type="radio"/> Positive [0] <input type="radio"/> Negative [2] <input type="radio"/> Indeterminate</p> <p>(awarecdd: SMR2.SM207B / IN HOUSE TEST UA) [1] <input type="checkbox"/> (awarecdd: SMR2.SM207BR / IN HOUSE TEST UA RES) U/A (White Cells Suggestive For Urethritis) [1] <input type="radio"/> Positive [0] <input type="radio"/> Negative [2] <input type="radio"/> Indeterminate</p> <p>(awarecdd: SMR2.SM207C / IN HOUSE TEST GRAM) [1] <input type="checkbox"/> (awarecdd: SMR2.SM207CR / IN HOUSE TEST GRAM RES) Gram Stain (Gram Negative Diplococci = Neisseria) [1] <input type="radio"/> Positive [0] <input type="radio"/> Negative [2] <input type="radio"/> Indeterminate</p> <p>(awarecdd: SMR2.SM207D / IN HOUSE TEST DARK) [1] <input type="checkbox"/> (awarecdd: SMR2.SM207DR / IN HOUSE TEST DARK RES) Darkfield Microscopy (Spirochetes Indicate Syphilis) [1] <input type="radio"/> Positive [0] <input type="radio"/> Negative [2] <input type="radio"/> Indeterminate</p> <p>(awarecdd: SMR2.SM207E / IN HOUSE TEST RPR) [1] <input type="checkbox"/> (awarecdd: SMR2.SM207ER / IN HOUSE TEST RPR RES) Rapid RPR</p>

[1] Positive
 [0] Negative
 [2] Indeterminate

(awarecdd: SMR2.SM207F / IN HOUSE TEST HSV)
[1] (awarecdd: SMR2.SM207FR / IN HOUSE TEST HSV RES)
 HSV Cultures
 [1] Positive
 [0] Negative
 [2] Indeterminate

(awarecdd: SMR2.SM207G / IN HOUSE TEST OTH1)
[1] Other, Specify
 (awarecdd: SMR2.SM207GSP / IN HOUSE TEST OTH1 SP)
 (awarecdd: SMR2.SM207GR / IN HOUSE TEST OTH1 RES)
 [1] Positive
 [0] Negative
 [2] Indeterminate

(awarecdd: SMR2.SM207H / IN HOUSE TEST OTH2)
[1] Other, Specify
 (awarecdd: SMR2.SM207HSP / IN HOUSE TEST OTH2 SP)
 (awarecdd: SMR2.SM207HR / IN HOUSE TEST OTH2)
 [1] Positive
 [0] Negative
 [2] Indeterminate

(awarecdd: SMR2.SM207I / IN HOUSE TEST OTH3)
[1] Other, Specify
 (awarecdd: SMR2.SM207ISP / IN HOUSE TEST OTH3 SP)
 (awarecdd: SMR2.SM207IR / IN HOUSE TEST OTH3 RES)
 [1] Positive
 [0] Negative
 [2] Indeterminate

Treatment Given:

9.

. Entry

9.a 8. Treatment (s) Given

Treatment Given:
 Pulldown List 1 (awarecdd: SMR22.SM208A / TREATMENT GIVEN)
 If Treatment Given Was STI Medications, Please Select Regimen:
 Pulldown List 2 (awarecdd: SMR22.SM208B / TREATMENT GIVEN ANTIBIOTIC)
 If Other STI Meds Regimen, Please Specify Drug and the Dosage
 If Other Treatment, Please Specify Treatment and Dosage (if dosage applicable) (awarecdd: SMR22.SM208C / TREATMENT GIVEN OTHER SPEC)

Date Treatment Was Started:
 Req / Req / Req (2010-2013) (awarecdd: SMR22.SM208DT / TREATMENT GIVEN DATE)

10.* 9. Comments

(awarecdd: SMR2.SM209 / SMR2 COMMENTS)

* Item is not required

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieTRTGVA1	STI Medications, (Check All That Apply)	1	
ieTRTGVB	Cryotherapy with liquid nitrogen or cryoprobe. Repeat applications every 1-2 weeks.	2	

ieTRTGVC	Podophyllin resin 10%-25% in a compound tincture of benzoin.	3	
ieTRTGVD	Trichloroacetic acid (TCA) or Bichloroacetic acid (BCA) 80%-90%.	4	
ieTRTGVE	Surgical Removal Either By Tangential Scissor Excision, Tangential Shave Excision, Curettage, Or Electrosurgery	5	
ieTRTGVF	Intralesional Interferon	6	
ieTRTGVG	Laser Surgery	7	
ieTRTG VH	Other	8	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieREGM1	Acyclovir 400 mg po tid for 7-10 days	1	
ieREGM2	Acyclovir 200 mg po 5x/day for 7-10 days	2	
ieREGM3	Acyclovir 400 mg po bid suppression	3	
ieREGM4	Acyclovir 400 mg po tid for 5 days	4	
ieREGM5	Acyclovir 800 mg po bid for 5 days	5	
ieREGM6	Acyclovir 800 mg po tid for 3 days	6	
ieREGM7	Amoxicillin 500 mg po tid for 7 days	7	
ieREGM8	Ampicillin/Sulbactam 3 g IV every 6 hours	8	
ieREGM9	Aqueous crystalline penicillin G 4 million units IV q 4 hrs for 10-14 days	9	
ieREGM10	Azithromycin 1 gm x1	10	
ieREGM11	Azithromycin 2gm x1	11	
ieREGM12	Benzathine Penicillin 2.4 million units IM x1	12	
ieREGM13	Benzathine Penicillin 2.4 million units IM x3 (once weekly times 3 wks)	13	
ieREGM14	Butoconazole 2% cream 5 g (Butoconazole1-sustained release), single intravaginal application	14	
ieREGM15	Butoconazole 2% cream 5 g intravaginally for 3 days	15	
ieREGM16	Cefixime 400 mg po	16	
ieREGM17	Cefotetan 2 g IV every 12 hours	17	
ieREGM18	Cefoxitin 2 g IM in a single dose and Probenecid, 1 g orally administered concurrently in a single dose	18	
ieREGM19	Cefoxitin 2 g IV every 6 hours	19	
ieREGM20	Cefpodoxime proxetil 400 mg po	20	
ieREGM21	Ceftriaxone 125 mg IM	21	
ieREGM22	Ceftriaxone 2 gm IM or IV for 10-14 days	22	
ieREGM23	Ceftriaxone 250 mg IM	23	
ieREGM24	Ciprofloxacin 500 mg po bid x 3 days	24	
ieREGM25	Clindamycin 300 mg po bid x 7days	25	
ieREGM26	Clindamycin 900 mg IV every 8 hours	26	
ieREGM27	Clindamycin cream 2% one full applicator (5 gm) intravaginally qHS x 7days	27	
ieREGM28	Clindamycin ovulues 100 mg intravaginally qHS cx 3 days	28	
ieREGM29	Clotrimazole	29	
ieREGM30	Clotrimazole 100 mg vaginal tablet for 7 days	30	
ieREGM31	Clotrimazole 100 mg vaginal tablet, two tablets for 3 days	31	
ieREGM32	Doxycycline 100 mg orally or IV every 12 hours	32	
ieREGM33	Doxycycline 100 mg po bid x 7days	33	
ieREGM34	Doxycycline 100 mg po bid x 10days	34	
ieREGM35	Doxycycline 100 mg po bid x 14 days	35	
ieREGM36	Doxycyline 100 mg po bid for 21 days	36	
ieREGM37	Erythromycin base 500 mg po 4x/day for 21 days	37	
ieREGM38	Erythromycin base 500 mg po 4x/day for 7 days	38	

ieREGM39	Erythromycin base 500 mg po tid x 7days	39
ieREGM40	Famciclovir 1 gm po bid for 1 day	40
ieREGM41	Famciclovir 125 mg po bid for 5 days	41
ieREGM42	Famciclovir 250 mg po tid for 7-10 days	42
ieREGM43	Fluconazole 150 mg oral tablet, one tablet in single dose	43
ieREGM44	Gentamicin loading dose IV or IM (2 mg/kg of body weight), followed by a maintenance dose (1.5 mg/kg) every 8 hours. Single daily dosing may be substituted.	44
ieREGM45	Imiquimod 5% cream.	45
ieREGM46	Levofloxacin 500 mg orally once daily for 10 days	46
ieREGM47	Levofloxacin 500 mg po x 7 days	47
ieREGM48	Metronidazole 2 gm po x 1	48
ieREGM49	Metronidazole 500 mg po bid x 7days	49
ieREGM50	Metronidazole 500 mg po bid x14days	50
ieREGM51	Metronidazole gel 0.75% one full applicator (5gm) intravaginally qHS x 5days	51
ieREGM52	Miconazole 1,200 mg vaginal suppository, one suppository for 1 day*	52
ieREGM53	Miconazole 100 mg vaginal suppository, one suppository for 7 days*	53
ieREGM54	Miconazole 200 mg vaginal suppository, one suppository for 3 days*	54
ieREGM55	Miconazole2% cream 5 g intravaginally for 7 days*	55
ieREGM56	Nystatin 100,000-unit vaginal tablet, one tablet for 14 days	56
ieREGM57	Ofloxacin 300 mg orally twice a day for 10 days	57
ieREGM58	Ofloxacin 300 mg po bid x 7 days	58
ieREGM59	Podofilox 0.5% solution or gel.	59
ieREGM60	Spectinomycin 2 gm IM	60
ieREGM61	Terconazole 0.4% cream 5 g intravaginally for 7 days	61
ieREGM62	Terconazole 0.8% cream 5 g intravaginally for 3 days	62
ieREGM63	Terconazole 80 mg vaginal suppository, one suppository for 3 days	63
ieREGM64	Tinidazole 2 gm po x1	64
ieREGM65	Tioconazole 6.5% ointment 5 g intravaginally in a single application*	65
ieREGM66	Valacyclovir 1 gm po bid for 7-10 days	66
ieREGM67	Valacyclovir 1 gm po qD suppression	67
ieREGM68	Valacyclovir 500 mg po bid x 3 days	68
ieREGM69	Valacyclovir 500 mg po qD suppression	69
ieREGM70	Valcyclovir 1 gm po qD x 5 days	70
ieREGM71	Other	71

Column Name	Column Data Type	Design Note
SM206EA	NUMERIC	
SM206D	NUMERIC	
SM206EC	NUMERIC	
SM207B	STRING(255)	
SM206EB	NUMERIC	
SM207HR	NUMERIC	
SM207BR	NUMERIC	
SM206C	NUMERIC	
SM206E	NUMERIC	
SM207GSP	STRING(200) - A200	
SM207C	NUMERIC	

SM205BL	NUMERIC	
SM207JR	NUMERIC	
SM206F	NUMERIC	
SM205D	NUMERIC	
SM204	NUMERIC	
SM205BB	NUMERIC	
SM207H	NUMERIC	
SM206J	NUMERIC	
SM206ISP	STRING(200) - A200	
SM206G	NUMERIC	
SM207HSP	STRING(200) - A200	
SM205B	NUMERIC	
SM207G	NUMERIC	
SM207FR	NUMERIC	
SM207J	NUMERIC	
SM205B2	NUMERIC	
SM207DR	NUMERIC	
SM205B4	NUMERIC	
SM209	STRING(200) - A200	
SM206JSP	STRING(200) - A200	
SM207ER	NUMERIC	
SM206AG	NUMERIC	
SM207D	NUMERIC	
SM205BQ	NUMERIC	
SM205BN	NUMERIC	
SM205BV	NUMERIC	
SM207AR	NUMERIC	
SM206HSP	STRING(200) - A200	
SM205BD	NUMERIC	
SM207E	NUMERIC	
SM207CR	NUMERIC	
SM206B	NUMERIC	
SM205BC	NUMERIC	
SM207IR	NUMERIC	
SM206H	NUMERIC	
SM205BS	NUMERIC	
SM205BP	NUMERIC	
SM205BT	NUMERIC	
SM205F	NUMERIC	
SM206AF	NUMERIC	
SM207I	NUMERIC	
SM206AH	NUMERIC	
SM2ADT	DATE - DDMONYYYY	
SM205GSP	STRING(200) - A200	
SM205G	NUMERIC	
SM207A	NUMERIC	
SM206I	NUMERIC	

SM207ISP	STRING(200) - A200	
SM203	NUMERIC	
SM205BM	NUMERIC	
SM205BO	NUMERIC	
SM205BJ	NUMERIC	
SM205B3	NUMERIC	
SM205I	NUMERIC	
SM205BY	NUMERIC	
SM205BF	NUMERIC	
SM207F	NUMERIC	
SM206AB	NUMERIC	
SM205HSP	STRING(200) - A200	
SM205BG	NUMERIC	
SM205BA	NUMERIC	
SM205ISP	STRING(200) - A200	
SM206AD	NUMERIC	
SM205B1	NUMERIC	
SM205A	NUMERIC	
SM205BH	NUMERIC	
SM206AE	NUMERIC	
SM205BX	NUMERIC	
SM205BK	NUMERIC	
SM205BR	NUMERIC	
SM201	STRING(5) - A5	
SM202DT	DATE - DDMONYYYY	
SM206AC	NUMERIC	
SM203ASP	STRING(200) - A200	
SM206AA	NUMERIC	
SM205B5	NUMERIC	
SM205BW	NUMERIC	
SM205BE	NUMERIC	
SM206A	NUMERIC	
SM205H	NUMERIC	
SM205BZ	NUMERIC	
SM205C	NUMERIC	
SM207GR	NUMERIC	
SM205BU	NUMERIC	
SM205E	NUMERIC	
SM205BI	NUMERIC	

CDD: awarecdd Table: SMR22 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SM208B	NUMERIC - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71	
SM208A	NUMERIC - 1, 2, 3, 4, 5, 6, 7, 8	
SM208DT	DATE - DDMONYYYY	
SM208C	STRING(200) - A200	

aware : Testing Record Verification (HTVR) - Repeating Form								
#	Date Of Assessment	1. Staff ID:	2. Were medical records	3. Do records indicate that participant completed an HIV test at any time since completing the baseline HIV test for the study?	4. Do medical records indicate what type of test was used?	5. Do medical records indicate that participant received HIV test results?	6. HIV test or the 6 mo rapid test result?	7. Comments
1								
.								
1.	Date Of Assessment				Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:HTVR.TVRADT / HTVR ASSESS DATE)			
2.	1. Staff ID:				A5 (awarecdd:HTVR.TVR01 / Staff ID)			
3.	2. Were medical records reviewed to verify information regarding HIV testing status?				(awarecdd:HTVR.TVR02 / Reviewed medical record) [0] <input type="radio"/> (awarecdd:HTVR.TVR02a / Reason no med. rec. review) No Provide Primary reason: [1] <input type="radio"/> Staff forgot [2] <input type="radio"/> No records found [3] <input type="radio"/> Other (specify): <input type="text" value="A200"/> (awarecdd:HTVR.TVR02sp / No med. rec. review specify) If No STOP here, form complete [1] <input type="radio"/> Yes			
4.*	3. Do records indicate that participant completed an HIV test at any time since completing the baseline HIV test for the study?				(awarecdd:HTVR.TVR03 / Med rec. HIV test) [0] <input type="radio"/> No STOP here, form complete [1] <input type="radio"/> Yes Date test completed: <input type="text"/> / <input type="text"/> / <input type="text"/> (2010-2013) (awarecdd:HTVR.TVR03DT / HIV Date) [2] <input type="radio"/> Insufficient data Explain: <input type="text" value="A200"/> (awarecdd:HTVR.TVR03sp / Specify no HIV test)			
5.*	4. Do medical records indicate what type of test was used?				(awarecdd:HTVR.TVR04 / Test Performed) [0] <input type="radio"/> No [1] <input type="radio"/> (awarecdd:HTVR.TVR04a / Type of Test) Yes Indicate test [1] <input type="radio"/> Rapid test with oral fluid [2] <input type="radio"/> Rapid test with fingerstick whole blood [3] <input type="radio"/> Rapid test with venipuncture whole blood and plasma specimens [4] <input type="radio"/> Non-rapid with venipuncture [5] <input type="radio"/> Other (Specify) <input type="text" value="A200"/> (awarecdd:HTVR.TVR04sp / Specify Test Type)			
6.*	5. Do medical records indicate that participant received HIV test results?				(awarecdd:HTVR.TVR05 / Med rec part. recd result) [0] <input type="radio"/> No [1] <input type="radio"/> Yes Date received: <input type="text"/> / <input type="text"/> / <input type="text"/> (2010-2013) (awarecdd:HTVR.TVR05DT / HIV results Date) [2] <input type="radio"/> Insufficient data Explain: <input type="text" value="A200"/> (awarecdd:HTVR.TVR05sp / Specify no HIV resul)			
7.*	6. According to medical records, what was the interim clinic HIV test or the 6 month rapid HIV test result?				(awarecdd:HTVR.TVR06 / Med. rec. final HIV Res) [2] <input type="radio"/> Reactive [1] <input type="radio"/> Invalid [0] <input type="radio"/> Non-reactive [3] <input type="radio"/> Insufficient medical record data			
8.*	7. Comments				<input type="text" value="A200"/> (awarecdd:HTVR.TVR07 / HTVR COMMENTS)			
* Item is not required								

CDD: awarecdd Table: HTVR Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
TVRADT	DATE - DDMONYYYY	
TVR07	STRING(200) - A200	
TVR03sp	STRING(200) - A200	
TVR03DT	DATE - DDMONYYYY	
TVR04sp	STRING(200) - A200	
TVR02a	NUMERIC	
TVR02	NUMERIC	
TVR06	NUMERIC	
TVR01	STRING(5) - A5	
TVR05sp	STRING(200) - A200	
TVR02sp	STRING(200) - A200	
TVR03	NUMERIC	
TVR05	NUMERIC	
TVR04	NUMERIC	
TVR05DT	DATE - DDMONYYYY	
TVR04a	NUMERIC	

aware : HIV Primary Care Medical Record Verification (MRVPC) - Repeating Form											
#	1. Staff ID:	2. Date of abstraction	3. Medical Record Source	4. Has participant had any primary care visits since randomization?				13. Comments			
1	<input type="text"/>										
.											
1.	1. Staff ID:	A5 (awarecdd:MRVPC.MRV01 / STAFF ID)									
2.	2. Date of abstraction:	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:MRVPC.MRV02DT / Abstraction date)									
3.	3. Medical Record Source:	(awarecdd:MRVPC.MRV03 / Med. Records source) [1] <input type="radio"/> Electronic [2] <input type="radio"/> Physical [3] <input type="radio"/> Both									
4.	4. Has participant had any primary care visits since randomization?	(awarecdd:MRVPC.MRV04 / Primary care visits) [0] <input type="radio"/> No [1] <input type="radio"/> Yes									
	5. Visit Date	6. Was Visit with an MD, DO, NP or PA who is an HIV Primary Care Provider?				7. Did physician prescribe HIV related medicine	8. Did the laboratory order include a CD4 and/or viral load?	9. Date of specimen collection for CD4 count or viral load:	10. Absolute CD4 Count	11. Viral Load	12. Comments
5.											
. Entry											
5.a*	5. Visit Date:	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:MRVPC2.MRV05DT / PC visit date)									
5.b*	6. Was Visit with an MD, DO, NP or PA who is an HIV Primary Care Provider?	(awarecdd:MRVPC2.MRV06 / PC provider) [0] <input type="radio"/> No [1] <input type="radio"/> Yes [97] <input type="radio"/> Not Noted									
5.c*	7. Did physician prescribe HIV related medicine?	(awarecdd:MRVPC2.MRV07 / HIV meds prescribed) [0] <input type="radio"/> No [1] <input type="radio"/> Yes [97] <input type="radio"/> Not Noted									
5.d*	8. Did the laboratory order include a CD4 and/or viral load?	(awarecdd:MRVPC2.MRV08 / Lab order) [97] <input type="radio"/> Not Noted [1] <input type="radio"/> Yes									
5.e*	9. Date of specimen collection for CD4 coun or viral load:	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:MRVPC2.MRV010 / Specimen collection date)									
5.f*	10. Absolute CD4 Count:	(awarecdd:MRVPC2.MRV10 / CD4 Count obtained) [1] <input type="radio"/> Count (awarecdd:MRVPC2.MRV10CNT / CD4 count value) xxxx (0 =< n <= 2000) [97] <input type="radio"/> Not Noted									
5.g*	11. Viral Load:	(awarecdd:MRVPC2.MRV11 / Viral load obtained) [1] <input type="radio"/> Load (awarecdd:MRVPC2.MRV11LD / Viral load value) xxxxxxx (0 =< n <= 8000000) [99] <input type="radio"/> Not detectable [97] <input type="radio"/> Not Noted									
5.h*	12. Comments	A200 (awarecdd:MRVPC2.Column10)									
.											

6.* 13. Comments

A200

(awarecdd:MRVPC.MRV13 / MRVPC FORM
COMMENTS)

* Item is not required

CDD: awarecdd Table: MRVPC Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
MRV03	NUMERIC	
MRV01	STRING(5) - A5	
MRV13	STRING(200) - A200	
MRV04	NUMERIC	
MRV02DT	DATE - DDMONYYYY	

CDD: awarecdd Table: MRVPC2 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
MRV10	NUMERIC	
MRV06	NUMERIC	
MRV08	NUMERIC	
MRV11	NUMERIC	
Column10	STRING(200) - A200	
MRV010	DATE - DDMONYYYY	
MRV07	NUMERIC	
MRV05DT	DATE - DDMONYYYY	
MRV11LD	NUMERIC - N7	
MRV10CNT	NUMERIC - N4	

aware : Patient Information (PI)		
.		
*****WARNING: ANY CHANGES MADE TO THE PATIENT INFORMATION FIELDS BELOW WILL CHANGE THE IDENTIFICATION OF THIS SUBJECT. Changes that make these fields empty will not be acted upon and the prior values will remain for the purpose of identification.*****		
1.	1. Participant Number	A12 (awarecdd:PI.SUBJNO / Participant number)

Item Design Notes:	
Item No.	Design Note
1.	mapped from Enrollment form to PI form

CDD: awarecdd Table: PI Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SUBJNO	STRING(12) - A12	

aware : Screen Failure Introduction (SFI)		
.		
1.*	This is the Screen Failure Visit. This Visit will only be activated for the Screen Failure Patients. The following Forms can be found in this visit: SCQF1, SCQF2, SCQF3 [read-only]	A200 (awarecdd:SFI.SFI01 / SFI PH)
* Item is not required		

Form Design Note:
Put in the visit where all the forms are dynamic

CDD: awarecdd Table: SFI Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SFI01	STRING(200) - A200	

aware : Screening Questionnaire For Screen Fail Patients (SCQF1)		
1.	Staff ID:	A5 (awarecdd:SCQF1.SCFSTA / STAFF ID)
2.	1. Is this the first time that you have been interviewed by someone on our staff to see if you are eligible to take part in this study?	(awarecdd:SCQF1.SCF01 / FIRST TIME INTERVIEWED) [0] <input type="radio"/> No [1] <input type="radio"/> Yes Skip To Question 2A
3.*	2. What happened the last time you spoke to us about the study?	(awarecdd:SCQF1.SCF02 / INTERVIEW OUTCOME) [1] <input type="radio"/> Not eligible at that time [2] <input type="radio"/> Eligible, but not available to complete the enrollment forms at that time [3] <input type="radio"/> Eligible, but declined to participate at that time [4] <input type="radio"/> Eligible, but staff declined
4.	2A. Are you here at the STD clinic today to receive any medical or health services?	(awarecdd:SCQF1.SCF02A / RECEIVING SERVICES) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
5.	3. How old are you?	(awarecdd:SCQF1.SCF03 / SUBJECT AGE RANGE) [1] <input type="radio"/> <18 [2] <input type="radio"/> 18-29 [3] <input type="radio"/> 30-39 [4] <input type="radio"/> 40-49 [5] <input type="radio"/> 50-59 [6] <input type="radio"/> 60-69 [7] <input type="radio"/> >69
6.	4. What is your gender?	(awarecdd:SCQF1.SCF04 / SUBJECT GENDER) [1] <input type="radio"/> Male [2] <input type="radio"/> Female [3] <input type="radio"/> Transgender (awarecdd:SCQF1.SCF04A / TRANSGENDER) [1] <input type="radio"/> Transmale (Female To Male) [2] <input type="radio"/> Transfemale (Male To Female)
7.	5. Do you consider yourself to be Hispanic or Latino?	(awarecdd:SCQF1.SCF05 / SUBJECT ETHNICITY) [1] <input type="radio"/> Yes (Hispanic or Latino) [2] <input type="radio"/> No (not Hispanic or Latino) Skip To Question 6 [3] <input type="radio"/> Refuse to answer
8.*	5A. Which of the following best describes your Hispanic ethnic background?	(awarecdd:SCQF1.SCF05A / HISP LATINO DESC) [1] <input type="radio"/> Mexican, Mexican-American, Chicano [2] <input type="radio"/> Puerto Rican [3] <input type="radio"/> Cuban [4] <input type="radio"/> Central American [5] <input type="radio"/> South American [6] <input type="radio"/> Other Specify A200 (awarecdd:SCQF1.SCF05ASP / HISP LATINO DESC SPEC)
9.	6. How would you describe your racial background? (Check all that apply).	(awarecdd:SCQF1.SCF06 / AMERICAN INDIAN) [1] <input type="checkbox"/> American Indian or Alaska Native (awarecdd:SCQF1.SCF06A / ASIAN) [1] <input type="checkbox"/> Asian, If Asian, Go To Question 6A, Otherwise, Skip To Question 7 (awarecdd:SCQF1.SCF06B / BLACK) [1] <input type="checkbox"/> Black, If Black Go to Question 6B, Otherwise, Skip to Question 7. (awarecdd:SCQF1.SCF06C / NATIVE HAWAIIAN) [1] <input type="checkbox"/> Native Hawaiian/Pacific Islander (awarecdd:SCQF1.SCF06D / WHITE) [1] <input type="checkbox"/> White (awarecdd:SCQF1.SCF06E / OTHER) [1] <input type="checkbox"/> Other Specify A200 (awarecdd:SCQF1.SCF06ESP / OTHER SPEC)
10.*	6A. Which of the following best describes your Asian ethnic background?	(awarecdd:SCQF1.SCF06ASP / ASIAN SPECIFY) [1] <input type="radio"/> Chinese

		<p>[2] <input type="radio"/> Filipino</p> <p>[3] <input type="radio"/> Japanese</p> <p>[4] <input type="radio"/> Vietnamese</p> <p>[5] <input type="radio"/> Korean</p> <p>[6] <input type="radio"/> Other Specify <input type="text" value="A200"/> (awarecdd: SCQF1.SCF06ASC / ASIAN SPEC SPEC)</p>
11.*	6B. Which of the following best describes your Black ethnic background?	<p>(awarecdd: SCQF1.SCF06BSP / BLACK SPECIFY)</p> <p>[1] <input type="radio"/> African American</p> <p>[2] <input type="radio"/> Dominican</p> <p>[3] <input type="radio"/> Haitian</p> <p>[4] <input type="radio"/> Jamaican</p> <p>[5] <input type="radio"/> Cuban</p> <p>[6] <input type="radio"/> African</p> <p>[7] <input type="radio"/> Other Specify <input type="text" value="A200"/> (awarecdd: SCQF1.SCF06BSC / BLACK SPEC SPEC)</p>
12.	7. Because we will be asking you to complete the assessment again in 6 months, we will need to get some information from you about how to find you at these times. Would you be willing to share this contact information with us, if you are enrolled in this study?	<p>(awarecdd: SCQF1.SCF07 / LOCATOR INFORMATION)</p> <p>[0] <input type="radio"/> No</p> <p>[1] <input type="radio"/> Yes</p>
13.	8. Have you injected any non-prescription drugs in the past 6 months?	<p>(awarecdd: SCQF1.SCF08 / PART INJECT 6 MONTHS)</p> <p>[0] <input type="radio"/> No</p> <p>[1] <input type="radio"/> Yes</p>
14.	9. When was the last time that you were tested for HIV? Would you say you were tested:	<p>(awarecdd: SCQF1.SCF09 / TESTED FOR HIV)</p> <p>[1] <input type="radio"/> Less than or equal to 6 months ago</p> <p>[2] <input type="radio"/> More than 6 months ago but less than or equal to 12 months ago</p> <p>[3] <input type="radio"/> More than 1 year ago but less than or equal to 2 years ago</p> <p>[4] <input type="radio"/> More than 2 years ago but less than or equal to 5 years ago</p> <p>[5] <input type="radio"/> More than 5 years ago</p> <p>[6] <input type="radio"/> Never</p> <p>[7] <input type="radio"/> Refused to answer</p> <p>[8] <input type="radio"/> Don't know</p>
15.	10. Have you ever tested positive for HIV in your lifetime?	<p>(awarecdd: SCQF1.SCF10 / EVER TEST POS HIV)</p> <p>[0] <input type="radio"/> No</p> <p>[1] <input type="radio"/> Yes</p> <p>[2] <input type="radio"/> Refused to answer</p> <p>[3] <input type="radio"/> Don't know</p>
16.	11. If you are enrolled in this study, we will ask that you sign a release form or HIPAA authorization form. Would you be willing to sign such a release, if you were enrolled in this study?	<p>(awarecdd: SCQF1.SCF11 / REL OR HIPAA FORM)</p> <p>[0] <input type="radio"/> No</p> <p>[1] <input type="radio"/> Yes</p>
17.	11A. If you are enrolled in this study, will you be living in the vicinity and able to return to this clinic for a follow-up visit in 6 - 9 months from today?	<p>(awarecdd: SCQF1.SCF11A / LIVE IN VICINITY)</p> <p>[0] <input type="radio"/> No</p> <p>[1] <input type="radio"/> Yes</p>
18.	12. Would you be able to understand an interviewer or counselor talking in English?	<p>(awarecdd: SCQF1.SCF12 / ENGLISH COMMUNICATE)</p> <p>[0] <input type="radio"/> No</p> <p>[1] <input type="radio"/> Yes</p>

* Item is not required

Column Name	Column Data Type	Design Note
SCF05A	NUMERIC	
SCF02A	NUMERIC	
SCF04A	NUMERIC	
SCF04	NUMERIC	
SCF02	NUMERIC	

SCFSTA	STRING(5) - A5	
SCF06ESP	STRING(200) - A200	
SCF06C	NUMERIC	
SCF06ASP	NUMERIC	
SCF06A	NUMERIC	
SCF06	NUMERIC	
SCF05ASP	STRING(200) - A200	
SCF05	NUMERIC	
SCF06ASC	STRING(200) - A200	
SCF06E	NUMERIC	
SCF01	NUMERIC	
SCF06B	NUMERIC	
SCF06D	NUMERIC	
SCF11A	NUMERIC	
SCF03	NUMERIC	
SCF10	NUMERIC	
SCF06BSP	NUMERIC	
SCF08	NUMERIC	
SCF11	NUMERIC	
SCF06BSC	STRING(200) - A200	
SCF09	NUMERIC	
SCF12	NUMERIC	
SCF07	NUMERIC	

aware : Screening Questionnaire For Screen Fail Patients (SCQF2)		
1.*	13. In the past 6 months, have you had anal and/or vaginal sex with (check all that apply) Old Format	(awarecdd: SCQF2.SCF13A / PAST 6 MONTHS SEX MALE) [1] <input type="checkbox"/> Males (awarecdd: SCQF2.SCF13B / PAST 6 MONTHS SEX FEMALE) [1] <input type="checkbox"/> Females (awarecdd: SCQF2.SCF13C / PAST 6 MONTHS SEX TRA MALE) [1] <input type="checkbox"/> Transmale (Female To Male) (awarecdd: SCQF2.SCF13D / PAST 6 MONTHS SEX TRA FEM) [1] <input type="checkbox"/> Transfemale (Male To Female) (awarecdd: SCQF2.SCF13E / PAST 6 MONTHS NONE) [1] <input type="checkbox"/> No anal and/or vaginal sex in the past 6 months
2.	13. In the past 6 months, have you had oral, anal and/or vaginal sex with (check all that apply)	(awarecdd: SCQF2.SCF13AN / PAST 6 MONTHS SEX MALE NEW) [1] <input type="checkbox"/> Males (awarecdd: SCQF2.SCF13BN / PAST 6 MONTHS SEX FEMALE NEW) [1] <input type="checkbox"/> Females (awarecdd: SCQF2.SCF13CN / PAST 6 MONTHS SEX TRA MALE NEW) [1] <input type="checkbox"/> Transmale (Female To Male) (awarecdd: SCQF2.SCF13DN / PAST 6 MONTHS SEX TRA FEM NEW) [1] <input type="checkbox"/> Transfemale (Male To Female) (awarecdd: SCQF2.SCF13EN / PAST 6 MONTHS NONE NEW) [1] <input type="checkbox"/> No oral, anal and/or vaginal sex in the past 6 months
3.	14. Have you had a sexually transmitted disease (STD) in the last 6 months (including any outbreaks of Herpes or genital warts)?	(awarecdd: SCQF2.SCF14 / STD IN LAST 6 MONTHS) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
4.	14A. Were you diagnosed with a sexually transmitted disease (STD) during your clinic visit today?	(awarecdd: SCQF2.SCF14A / STD TODAY) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
5.	15. What is the reason(s) for today's visit to the STD clinic? (Check all that apply)	(awarecdd: SCQF2.SCF15L / VISIT REASON HEARD ABOUT) (awarecdd: SCOR2.SCR15L / VISIT REASON HEARD ABOUT) [1] <input type="checkbox"/> Heard about the study and want to participate (awarecdd: SCQF2.SCF15A / VISIT REASON STD SYMPTOMS) [1] <input type="checkbox"/> Have symptoms that might be an STD (awarecdd: SCQF2.SCF15B / VISIT REASON SEX WITH HIV) [1] <input type="checkbox"/> Have had sexual contact with someone who was recently diagnosed with HIV (awarecdd: SCQF2.SCF15C / VISIT REASON SEX WITH STD) [1] <input type="checkbox"/> Have had sexual contact with someone who was recently diagnosed with STD (other than HIV) (awarecdd: SCQF2.SCF15D / VISIT REASON HIV TEST) [1] <input type="checkbox"/> To receive an HIV test (awarecdd: SCQF2.SCF15E / VISIT REASON STD TEST) [1] <input type="checkbox"/> To receive an STD test (awarecdd: SCQF2.SCF15F / VISIT REASON RECEIVE TREATMENT) [1] <input type="checkbox"/> To receive treatment for a confirmed STD test (awarecdd: SCQF2.SCF15G / VISIT REASON FU CARE) [1] <input type="checkbox"/> To receive follow-up care/treatment of condition previously treated (test of cure) (awarecdd: SCQF2.SCF15H / VISIT REASON REPRO HEALTH) [1] <input type="checkbox"/> To receive reproductive health services including birth control, pap smear, pregnancy test, morning after pill, or other follow-up (awarecdd: SCQF2.SCF15I / VISIT REASON PEP) [1] <input type="checkbox"/> Post-Exposure Prophylaxis (PEP) for HIV prevention (awarecdd: SCQF2.SCF15J / VISIT REASON HEALTH DEPT) [1] <input type="checkbox"/> Was told by health department (or health care worker) to come to clinic (awarecdd: SCQF2.SCF15K / VISIT REASON OTHER) [1] <input type="checkbox"/> Other, Specify (awarecdd: SCQF2.SCF15KSP / REASON FOR VISIT SPECIFY) <input type="text" value="A200"/>
6.	16. In the past six months, have you had	(awarecdd: SCQF2.SCF16 / ALCOHOL DRINKS) [1] <input type="radio"/> 5 or more drinks of alcohol within about 2 hours (if male) [2] <input type="radio"/> No alcohol or less than 5 drinks of alcohol within about 2 hours (if male) [3] <input type="radio"/> 4 or more drinks of alcohol within about 2 hours (if female) [4] <input type="radio"/> No alcohol or less than 4 drinks of alcohol within about 2 hours (if female)
7.	17. Have you used any drugs in the past 6 months?	(awarecdd: SCQF2.SCF17 / DRUGS PAST 6 MONTHS)

[0] No Skip To Question 19
 [1] Yes

g.* 18. What drugs have you used in the last 6 months? (Choose all that apply).

(awarecdd: SCQF2.SCF18A / COCAINE IN 6 MONTHS)
 [1] Powdered Cocaine
 (awarecdd: SCQF2.SCF18B / CRACK COCAINE IN 6 MONTHS)
 [1] Crack Cocaine
 (awarecdd: SCQF2.SCF18C / METH IN 6 MONTHS)
 [1] Methamphetamine or Amphetamine (crystal, Tina, Speed)
 (awarecdd: SCQF2.SCF18D / HEROIN IN 6 MONTHS)
 [1] Heroin
 (awarecdd: SCQF2.SCF18E / POT IN 6 MONTHS)
 [1] Marijuana (pot)
 (awarecdd: SCQF2.SCF18F / POPPERS IN 6 MONTHS)
 [1] Poppers
 (awarecdd: SCQF2.SCF18G / NARCS IN 6 MONTHS)
 [1] Recreational use of prescription drugs (Narcotics: Codeine, Vicodin or Hydrocodone, Percocet, Darvon, Oxycontin or Oxycodone, Demerol, or Dilaudid)
 (awarecdd: SCQF2.SCF18H / BENZOS IN 6 MONTHS)
 [1] Recreational use of prescription drugs (Benzodiazepines: Valium, Librium, Xanax, Ativan)
 (awarecdd: SCQF2.SCF18I / STIMS IN 6 MONTHS)
 [1] Recreational use of prescription drugs (Stimulants: Adderal, Strattera, Ritalin, Provigil)
 (awarecdd: SCQF2.SCF18J / CLUB IN 6 MONTHS)
 [1] Club Drugs, including Special K (Ketamine, K), GHB (gamma hydroxybuturic acid, G, GBL), Ecstasy or MDMA
 (awarecdd: SCQF2.SCF18K / OTHER IN 6 MONTHS)
 [1] Other, Specify (awarecdd: SCQF2.SCF18KSP / OTHER IN 6 MONTHS SPECIFY)
 A200

* Item is not required

Column Name	Column Data Type	Design Note
SCF15B	NUMERIC	
SCF18C	NUMERIC	
SCF14	NUMERIC	
SCF13DN	NUMERIC	
SCF15H	NUMERIC	
SCF18G	NUMERIC	
SCF18H	NUMERIC	
SCF18J	NUMERIC	
SCF13EN	NUMERIC	
SCF17	NUMERIC	
SCF18K	NUMERIC	
SCF15D	NUMERIC	
SCF15G	NUMERIC	
SCF13BN	NUMERIC	
SCF16	NUMERIC	
SCF15E	NUMERIC	
SCF18KSP	STRING(200) - A200	
SCF15K	NUMERIC	
SCF13AN	NUMERIC	
SCF15J	NUMERIC	
SCF18D	NUMERIC	
SCF15L	NUMERIC	

SCF15KSP	STRING(200) - A200	
SCF14A	NUMERIC	
SCF15F	NUMERIC	
SCF13C	NUMERIC	
SCF13A	STRING(255)	
SCF15I	NUMERIC	
SCF18F	NUMERIC	
SCF18E	NUMERIC	
SCF13D	NUMERIC	
SCF13B	NUMERIC	
SCF13CN	NUMERIC	
SCF18A	NUMERIC	
SCF15C	NUMERIC	
SCF13E	NUMERIC	
SCF15A	NUMERIC	
SCF18B	NUMERIC	
SCF18I	NUMERIC	

CDD: awarecdd Table: SCQR2 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SCR15H	NUMERIC	
SCR14A	NUMERIC	
SCR15J	NUMERIC	
SCR18A	NUMERIC	
SCR18F	NUMERIC	
SCR18C	NUMERIC	
SCR15F	NUMERIC	
SCR18G	NUMERIC	
SCR17	NUMERIC	
SCR15D	NUMERIC	
SCR18KSP	STRING(200)	
SCR15K	NUMERIC	
SCR13EN	NUMERIC	
SCR18B	NUMERIC	
SCR18I	NUMERIC	
SCR15G	NUMERIC	
SCR15B	NUMERIC	
SCR15I	NUMERIC	
SCR18J	NUMERIC	
SCR15E	NUMERIC	
SCR13CN	NUMERIC	
SCR18H	NUMERIC	
SCR13A	NUMERIC	
SCR13B	NUMERIC	
SCR13E	NUMERIC	
SCR16	NUMERIC	
SCR13BN	NUMERIC	

SCR13DN	NUMERIC	
SCR14	NUMERIC	
SCR13D	NUMERIC	
SCR15L	NUMERIC	
SCR15KSP	STRING(200)	
SCR13AN	NUMERIC	
SCR18E	NUMERIC	
SCR18K	NUMERIC	
SCR15C	NUMERIC	
SCR13C	NUMERIC	
SCR15A	NUMERIC	
SCR18D	NUMERIC	

aware : Screening Questionnaire For Screen Fail Patients (SCQF3)	
1.	<p>19. This study involves testing participants for sexually transmitted diseases (STDs) and HIV. Are you willing to be tested for these STDs and HIV as part of this study?</p> <p>(awarecdd: SCQF3.SCF19 / STD TEST CONFIRM) [0] <input type="radio"/> No [1] <input type="radio"/> Yes</p>
2.	<p>19A. Have you already been tested for any of these STDs at this clinic today?</p> <p>(awarecdd: SCQF3.SCF19A / STD TESTED TODAY) [0] <input type="radio"/> No [1] <input type="radio"/> Yes, If Yes, study staff should indicate which STDs the participant has already been tested for today (awarecdd: SCQF3.SCF19AA / STD TESTED TODAY) [1] <input type="checkbox"/> Gonorrhea (awarecdd: SCQF3.SCF19AB / STD TEST TODAY CHLAMYDIA) [1] <input type="checkbox"/> Chlamydia (awarecdd: SCQF3.SCF19AC / STD TEST TODAY HERPES) [1] <input type="checkbox"/> Herpes (awarecdd: SCQF3.SCF19AD / STD TEST TODAY SYPHILIS) [1] <input type="checkbox"/> Syphilis (awarecdd: SCQF3.SCF19AE / STD TEST TODAY HIV) [1] <input type="checkbox"/> HIV (awarecdd: SCQF3.SCF19AF / STD TEST TODAY TRICHOMONAS) [1] <input type="checkbox"/> Trichomonas</p>
3.	<p>19B. Are you currently participating in an HIV study or program involving safer sex or otherwise addressing HIV risk?</p> <p>(awarecdd: SCQF3.SCF19B / STD OTHER PROGRAM) [0] <input type="radio"/> No [1] <input type="radio"/> Yes</p>
	<p>20. Based on the responses provided and the answer key above, is the participant eligible to proceed with the enrollment process? <i>[read-only]</i></p> <p>(awarecdd: SCQF3.SCF20 / ELIGIBLE TO ENROLL) [0] <input type="radio"/> No STOP here. Proceed with entering data into InForm. [1] <input type="radio"/> Yes Study staff should proceed with enrollment.</p>
4.*	<p>21. Was Informed Consent obtained?</p> <p>(awarecdd: SCQF3.SCF21 / ICF OBTAINED) [0] <input type="radio"/> No, Provide Reason (awarecdd: SCQF3.SCF21A / NO ICF REASON) [1] <input type="radio"/> Ineligible due to screening criteria [2] <input type="radio"/> Participant's decision/changed mind [3] <input type="radio"/> Judgment of STD clinic staff (specify): (awarecdd: SCQF3.SCF21ASP / NO ICF STAFF SPEC) <input type="text" value="A200"/> [4] <input type="radio"/> Failed to return to site [5] <input type="radio"/> Unable to complete ICF in appointed visit schedule [6] <input type="radio"/> Other (specify): (awarecdd: SCQF3.SCF21BSP / NO ICF OTHER SPEC) <input type="text" value="A200"/> If No: STOP here. Participant ineligible to be randomized. Enter data into InForm. [1] <input type="radio"/> Yes, Provide date: <input type="text" value="Req"/> / <input type="text" value="Req"/> / <input type="text" value="Req"/> (2010-2013) (awarecdd: SCQF3.SCF21DT / ICF DATE)</p>
5.*	<p>22. Did participant successfully complete ACASI?</p> <p>(awarecdd: SCQF3.SCF22 / ACASI OBTAINED) [0] <input type="radio"/> No, Provide Reason (awarecdd: SCQF3.SCF22R / NO ACASI REASON) [1] <input type="radio"/> ACASI never started [2] <input type="radio"/> Participant's decision/changed mind [3] <input type="radio"/> Judgment of STD clinic staff (specify) (awarecdd: SCQF3.SCF22RSP / NO ACASI STAFF SPEC) <input type="text" value="A200"/> [4] <input type="radio"/> Failed to return to site [5] <input type="radio"/> Unable to complete ACASI in appointed visit schedule [6] <input type="radio"/> Became ineligible due to ACASI response [7] <input type="radio"/> Other (specify): (awarecdd: SCQF3.SCF22OSP / NO ACASI OTHER SPEC) <input type="text" value="A200"/> If No: STOP here. Participant ineligible to be randomized. Enter data into InForm. [1] <input type="radio"/> Yes</p>

6.*	22A. If participant successfully completed ACASI, then what is participant's gender as reported on ACASI (check only one):	(awarecdd: SCQF3.SCF22A / ACASI GENDER) [1] <input type="radio"/> Male [2] <input type="radio"/> Female
7.*	23. If participant was eligible but failed to randomize, provide reason:	(awarecdd: SCQF3.SCF23 / FAIL RAND REASON) [1] <input type="radio"/> Withdrew consent [2] <input type="radio"/> Participant's decision/changed mind [3] <input type="radio"/> Judgment of STD clinic staff (specify) (awarecdd: SCQF3.SCF23ASP / FAIL RAND STAFF SPEC) <input type="text" value="A200"/> [4] <input type="radio"/> Failed to return to site [5] <input type="radio"/> Failed to complete locator information per protocol [6] <input type="radio"/> Failed to sign HIPAA form and/or medical record release form to permit abstraction of HIV and STI tests, results and treatment [7] <input type="radio"/> Failed to be tested for the HIV and/or STI test bettery [8] <input type="radio"/> Other (specify): (awarecdd: SCQF3.SCF23BSP / FAIL RAND OTHER SPEC) <input type="text" value="A200"/>

* Item is not required

CDD: awarecdd Table: SCQF3 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SCF23	NUMERIC	
SCF19AA	NUMERIC	
SCF19AF	NUMERIC	
SCF22RSP	STRING(200) - A200	
SCF22OSP	STRING(200) - A200	
SCF19A	NUMERIC	
SCF19AC	NUMERIC	
SCF19AE	NUMERIC	
SCF21	NUMERIC	
SCF21ASP	STRING(200) - A200	
SCF19B	NUMERIC	
SCF19	NUMERIC	
SCF23BSP	STRING(200) - A200	
SCF19AB	NUMERIC	
SCF22	NUMERIC	
SCF19AD	NUMERIC	
SCF22R	NUMERIC	
SCF23ASP	STRING(200) - A200	
SCF21A	NUMERIC	
SCF21BSP	STRING(200) - A200	
SCF22A	NUMERIC	
SCF20	NUMERIC	
SCF21DT	DATE - DDMONYYYY	

aware : Baseline Introduction (BI)

.		
1.*	This is the Baseline Visit. This Visit will only be activated for the Randomized Patients. The following Forms can be found in this visit: BLFCS, SCQR1, SCQR2, SCQR3, RAN, SMRF, SMRM, SMR2 [<i>read-only</i>]	A200 (awarecdd:BI.BI01 / BL FCS RAN)
* Item is not required		

Form Design Note:

Put in the visit where all the forms are dynamic

CDD: awarecdd Table: BI Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
BI01	STRING(200) - A200	

aware : Visit Baseline FCS (BLFCS)		
Forms Completion Status		
Please complete each form		
1.	1 Randomization	Pulldown List 1 <input type="button" value="v"/> (awarecdd:BLFCS.BFC01)
2.	2 Labs For Females	Pulldown List 2 <input type="button" value="v"/> (awarecdd:BLFCS.BFC02 / BL FCS LAB FEM)
3.	3 Labs For Males	Pulldown List 3 <input type="button" value="v"/> (awarecdd:BLFCS.BFC03 / BL FCS LAB MALE)
4.	4 Labs Abstractions Page 2	Pulldown List 4 <input type="button" value="v"/> (awarecdd:BLFCS.BFC04 / BL FCS LAB PAGE2)

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

CDD: awarecdd	Table: BLFCS	Key Type: PATIENTVISIT
Column Name	Column Data Type	Design Note
BFC01	NUMERIC - 0, 1, 2, 3, 9	
BFC03	NUMERIC - 0, 1, 2, 3, 9	
BFC02	NUMERIC - 0, 1, 2, 3, 9	
BFC04	NUMERIC - 0, 1, 2, 3, 9	

aware : Screening Questionnaire For Randomized Patients (SCQR1)		
1.	Staff ID:	A5 (awarecdd:SCQR1.SCRSTA / STAFF ID)
2.	1. Is this the first time that you have been interviewed by someone on our staff to see if you are eligible to take part in this study?	(awarecdd:SCQR1.SCR01 / FIRST TIME INTERVIEWED) [0] <input type="radio"/> No [1] <input type="radio"/> Yes Skip To Question 2A
3.*	2. What happened the last time you spoke to us about the study?	(awarecdd:SCQR1.SCR02 / INTERVIEW OUTCOME) [1] <input type="radio"/> Not eligible at that time [2] <input type="radio"/> Eligible, but not available to complete the enrollment forms at that time [3] <input type="radio"/> Eligible, but declined to participate at that time [4] <input type="radio"/> Eligible, but staff declined
4.	2A. Are you here at the STD clinic today to receive any medical or health services?	(awarecdd:SCQR1.SCR02A / RECEIVING SERVICES) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
5.	4. What is your gender?	(awarecdd:SCQR1.SCR04 / SUBJECT GENDER) [1] <input type="radio"/> Male [2] <input type="radio"/> Female [3] <input type="radio"/> (awarecdd:SCQR1.SCR04A / TRANSGENDER) Transgender [1] <input type="radio"/> Transmale (Female To Male) [2] <input type="radio"/> Transfemale (Male To Female)
6.	5. Do you consider yourself to be Hispanic or Latino?	(awarecdd:SCQR1.SCR05 / SUBJECT ETHNICITY) [1] <input type="radio"/> Yes (Hispanic or Latino) [2] <input type="radio"/> No (not Hispanic or Latino) Skip To Question 6 [3] <input type="radio"/> Refuse to answer
7.*	5A. Which of the following best describes your Hispanic ethnic background?	(awarecdd:SCQR1.SCR05A / HISP LATINO DESC) [1] <input type="radio"/> Mexican, Mexican-American, Chicano [2] <input type="radio"/> Puerto Rican [3] <input type="radio"/> Cuban [4] <input type="radio"/> Central American [5] <input type="radio"/> South American [6] <input type="radio"/> Other Specify <input type="text" value="A200"/> (awarecdd:SCQR1.SCR05ASP / HISP LATINO DESC SPEC)
8.	6. How would you describe your racial background? (Check all that apply).	(awarecdd:SCQR1.SCR06 / AMERICAN INDIAN) [1] <input type="checkbox"/> American Indian or Alaska Native (awarecdd:SCQR1.SCR06A / ASIAN) [1] <input type="checkbox"/> Asian, If Asian, Go To Question 6A, Otherwise, Skip To Question 7 (awarecdd:SCQR1.SCR06B / BLACK) [1] <input type="checkbox"/> Black, If Black Go to Question 6B, Otherwise, Skip to Question 7. (awarecdd:SCQR1.SCR06C / NATIVE HAWAIIAN) [1] <input type="checkbox"/> Native Hawaiian/Pacific Islander (awarecdd:SCQR1.SCR06D / WHITE) [1] <input type="checkbox"/> White (awarecdd:SCQR1.SCR06E / OTHER) [1] <input type="checkbox"/> Other Specify <input type="text" value="A200"/> (awarecdd:SCQR1.SCR06ESP / OTHER SPEC)
9.*	6A. Which of the following best describes your Asian ethnic background?	(awarecdd:SCQR1.SCR06ASP / ASIAN SPECIFY) [1] <input type="radio"/> Chinese [2] <input type="radio"/> Filipino [3] <input type="radio"/> Japanese [4] <input type="radio"/> Vietnamese [5] <input type="radio"/> Korean [6] <input type="radio"/> Other Specify <input type="text" value="A200"/> (awarecdd:SCQR1.SCR06ASC / ASIAN SPEC SPEC)
10.*	6B. Which of the following best describes your Black ethnic background?	(awarecdd:SCQR1.SCR06BSP / BLACK SPECIFY) [1] <input type="radio"/> African American

		[2] <input type="radio"/> Dominican [3] <input type="radio"/> Haitian [4] <input type="radio"/> Jamaican [5] <input type="radio"/> Cuban [6] <input type="radio"/> African [7] <input type="radio"/> Other Specify <input type="text" value="A200"/> (awarecdd: SCQR1.SCR06BSC / BLACK SPEC SPEC)
11.	7. Because we will be asking you to complete the assessment again in 6 months, we will need to get some information from you about how to find you at these times. Would you be willing to share this contact information with us, if you are enrolled in this study?	(awarecdd: SCQR1.SCR07 / LOCATOR INFORMATION) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
12.	8. Have you injected any non-prescription drugs in the past 6 months?	(awarecdd: SCQR1.SCR08 / PART INJECT 6 MONTHS) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
13.	9. When was the last time that you were tested for HIV? Would you say you were tested:	(awarecdd: SCQR1.SCR09 / TESTED FOR HIV) [1] <input type="radio"/> Less than or equal to 6 months ago [2] <input type="radio"/> More than 6 months ago but less than or equal to 12 months ago [3] <input type="radio"/> More than 1 year ago but less than or equal to 2 years ago [4] <input type="radio"/> More than 2 years ago but less than or equal to 5 years ago [5] <input type="radio"/> More than 5 years ago [6] <input type="radio"/> Never [7] <input type="radio"/> Refused to answer [8] <input type="radio"/> Don't know
14.	10. Have you ever tested positive for HIV in your lifetime?	(awarecdd: SCQR1.SCR10 / EVER TEST POS HIV) [0] <input type="radio"/> No [1] <input type="radio"/> Yes [2] <input type="radio"/> Refused to answer [3] <input type="radio"/> Don't know
15.	11. If you are enrolled in this study, we will ask that you sign a release form or HIPAA authorization form. Would you be willing to sign such a release, if you were enrolled in this study?	(awarecdd: SCQR1.SCR11 / REL OR HIPAA FORM) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
16.	11A. If you are enrolled in this study, will you be living in the vicinity and able to return to this clinic for a follow-up visit in 6- 9 months from today?	(awarecdd: SCQR1.SCR11A / LIVE IN VICINITY) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
17.	12. Would you be able to understand an interviewer or counselor talking in English?	(awarecdd: SCQR1.SCR12 / ENGLISH COMMUNICATE) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
* Item is not required		

Column Name	Column Data Type	Design Note
SCR01	NUMERIC	
SCR06B	NUMERIC	
SCR06ASP	NUMERIC	
SCR02A	NUMERIC	
SCR06ESP	STRING(200) - A200	
SCR04A	NUMERIC	
SCR02	NUMERIC	
SCR06BSP	NUMERIC	
SCR06A	NUMERIC	
SCR06ASC	STRING(200) - A200	
SCR08	NUMERIC	
SCR04	NUMERIC	

SCR11	NUMERIC	
SCR06D	NUMERIC	
SCR07	NUMERIC	
SCR05A	NUMERIC	
SCR06E	NUMERIC	
SCR06	NUMERIC	
SCRSTA	STRING(5) - A5	
SCR10	NUMERIC	
SCR11A	NUMERIC	
SCR05	NUMERIC	
SCR09	NUMERIC	
SCR06C	NUMERIC	
SCR12	NUMERIC	
SCR05ASP	STRING(200) - A200	
SCR06BSC	STRING(200) - A200	

aware : Screening Questionnaire For Randomized Patients (SCQR2)	
1.*	<p>13. In the past 6 months, have you had anal and/or vaginal sex with (check all that apply)</p> <p>Old Format</p>
	<p>(awarecdd: SCQR2.SCR13A / PAST 6 MONTHS SEX MALE) [1] <input type="checkbox"/> Males</p> <p>(awarecdd: SCQR2.SCR13B / PAST 6 MONTHS SEX FEMALE) [1] <input type="checkbox"/> Females</p> <p>(awarecdd: SCQR2.SCR13C / PAST 6 MONTHS SEX TRA MALE) [1] <input type="checkbox"/> Transmale (Female To Male)</p> <p>(awarecdd: SCQR2.SCR13D / PAST 6 MONTHS SEX TRA FEM) [1] <input type="checkbox"/> Transfemale (Male To Female)</p> <p>(awarecdd: SCQR2.SCR13E / PAST 6 MONTHS NONE) [1] <input type="checkbox"/> No anal and/or vaginal sex in the past 6 months</p>
2.	<p>13. In the past 6 months, have you had oral, anal and/or vaginal sex with... (check all that apply)</p>
	<p>(awarecdd: SCQR2.SCR13AN / PAST 6 MONTHS SEX MALE NEW) [1] <input type="checkbox"/> Males</p> <p>(awarecdd: SCQR2.SCR13BN / PAST 6 MONTHS SEX FEMALE NEW) [1] <input type="checkbox"/> Females</p> <p>(awarecdd: SCQR2.SCR13CN / PAST 6 MONTHS SEX TRA MALE NEW) [1] <input type="checkbox"/> Transmale (Female To Male)</p> <p>(awarecdd: SCQR2.SCR13DN / PAST 6 MONTHS SEX TRA FEM NEW) [1] <input type="checkbox"/> Transfemale (Male To Female)</p> <p>(awarecdd: SCQR2.SCR13EN / PAST 6 MONTHS NONE NEW) [1] <input type="checkbox"/> No oral, anal and/or vaginal sex in the past 6 months</p>
3.	<p>14. Have you had a sexually transmitted disease (STD) in the last 6 months (including any outbreaks of Herpes or genital warts)?</p>
	<p>(awarecdd: SCQR2.SCR14 / STD IN LAST 6 MONTHS) [0] <input type="radio"/> No [1] <input type="radio"/> Yes</p>
4.	<p>14A. Were you diagnosed with a sexually transmitted disease (STD) during your clinic visit today?</p>
	<p>(awarecdd: SCQR2.SCR14A / STD TODAY) [0] <input type="radio"/> No [1] <input type="radio"/> Yes</p>
5.	<p>15. What is the reason(s) for today's visit to the STD clinic? (Check all that apply)</p>
	<p>[1] <input type="checkbox"/> Heard about the study and want to participate (awarecdd: SCQR2.SCR15A / VISIT REASON STD SYMPTOMS) [1] <input type="checkbox"/> Have symptoms that might be an STD (awarecdd: SCQR2.SCR15B / VISIT REASON SEX WITH HIV) [1] <input type="checkbox"/> Have had sexual contact with someone who was recently diagnosed with HIV (awarecdd: SCQR2.SCR15C / VISIT REASON SEX WITH STD) [1] <input type="checkbox"/> Have had sexual contact with someone who was recently diagnosed with STD (other than HIV) (awarecdd: SCQR2.SCR15D / VISIT REASON HIV TEST) [1] <input type="checkbox"/> To receive an HIV test (awarecdd: SCQR2.SCR15E / VISIT REASON STD TEST) [1] <input type="checkbox"/> To receive an STD test (awarecdd: SCQR2.SCR15F / VISIT REASON RECEIVE TREATMENT) [1] <input type="checkbox"/> To receive treatment for a confirmed STD test (awarecdd: SCQR2.SCR15G / VISIT REASON FU CARE) [1] <input type="checkbox"/> To receive follow-up care/treatment of condition previously treated (test of cure) (awarecdd: SCQR2.SCR15H / VISIT REASON REPRO HEALTH) [1] <input type="checkbox"/> To receive reproductive health services including birth control, pap smear, pregnancy test, morning after pill, or other follow-up (awarecdd: SCQR2.SCR15I / VISIT REASON PEP) [1] <input type="checkbox"/> Post-Exposure Prophylaxis (PEP) for HIV prevention (awarecdd: SCQR2.SCR15J / VISIT REASON HEALTH DEPT) [1] <input type="checkbox"/> Was told by health department (or health care worker) to come to clinic (awarecdd: SCQR2.SCR15K / VISIT REASON OTHER) [1] <input type="checkbox"/> Other, Specify <input type="text" value="A200"/> (awarecdd: SCQR2.SCR15KSP / REASON FOR VISIT SPECIFY)</p>
6.	<p>16. In the past six months, have you had</p>
	<p>(awarecdd: SCQR2.SCR16 / ALCOHOL DRINKS) [1] <input type="radio"/> 5 or more drinks of alcohol within about 2 hours (if male) [2] <input type="radio"/> No alcohol or less than 5 drinks of alcohol within about 2 hours (if male) [3] <input type="radio"/> 4 or more drinks of alcohol within about 2 hours (if female) [4] <input type="radio"/> No alcohol or less than 4 drinks of alcohol within about 2 hours (if female)</p>
7.	<p>17. Have you used any drugs in the past 6 months?</p>
	<p>(awarecdd: SCQR2.SCR17 / DRUGS PAST 6 MONTHS) [0] <input type="radio"/> No Skip To Question 19 Yes</p>

		[1] <input type="radio"/>
8.*	18. What drugs have you used in the last 6 months? (Choose all that apply).	<p>(awarecdd: SCQR2.SCR18A / COCAINE IN 6 MONTHS) [1] <input type="checkbox"/> Powdered Cocaine (awarecdd: SCQR2.SCR18B / CRACK COCAINE IN 6 MONTHS) [1] <input type="checkbox"/> Crack Cocaine (awarecdd: SCQR2.SCR18C / METH IN 6 MONTHS) [1] <input type="checkbox"/> Methamphetamine or Amphetamine (crystal, Tina, Speed) (awarecdd: SCQR2.SCR18D / HEROIN IN 6 MONTHS) [1] <input type="checkbox"/> Heroin (awarecdd: SCQR2.SCR18E / POT IN 6 MONTHS) [1] <input type="checkbox"/> Marijuana (pot) (awarecdd: SCQR2.SCR18F / POPPERS IN 6 MONTHS) [1] <input type="checkbox"/> Poppers (awarecdd: SCQR2.SCR18G / NARCS IN 6 MONTHS) [1] <input type="checkbox"/> Recreational use of prescription drugs (Narcotics: Codeine, Vicodin or Hydrocodone, Percocet, Darvon, Oxycontin or Oxycodone, Demerol, or Dilaudid) (awarecdd: SCQR2.SCR18H / BENZOS IN 6 MONTHS) [1] <input type="checkbox"/> Recreational use of prescription drugs (Benzodiazepines: Valium, Librium, Xanax, Ativan) (awarecdd: SCQR2.SCR18I / STIMS IN 6 MONTHS) [1] <input type="checkbox"/> Recreational use of prescription drugs (Stimulants: Adderal, Strattera, Ritalin, Provigil) (awarecdd: SCQR2.SCR18J / CLUB IN 6 MONTHS) [1] <input type="checkbox"/> Club Drugs, including Special K (Ketamine, K), GHB (gamma hydroxybuturic acid, G, GBL), Ecstasy or MDMA (awarecdd: SCQR2.SCR18K / OTHER IN 6 MONTHS) [1] <input type="checkbox"/> Other, Specify <input type="text" value="A200"/> (awarecdd: SCQR2.SCR18KSP / OTHER IN 6 MONTHS SPECIFY)</p>
* Item is not required		

Column Name	Column Data Type	Design Note
SCR15H	NUMERIC	
SCR14A	NUMERIC	
SCR15J	NUMERIC	
SCR18A	NUMERIC	
SCR18F	NUMERIC	
SCR18C	NUMERIC	
SCR15F	NUMERIC	
SCR18G	NUMERIC	
SCR17	NUMERIC	
SCR15D	NUMERIC	
SCR18KSP	STRING(200) - A200	
SCR15K	NUMERIC	
SCR13EN	NUMERIC	
SCR18B	NUMERIC	
SCR18I	NUMERIC	
SCR15G	NUMERIC	
SCR15B	NUMERIC	
SCR15I	NUMERIC	
SCR18J	NUMERIC	
SCR15E	NUMERIC	
SCR13CN	NUMERIC	
SCR18H	NUMERIC	
SCR13A	NUMERIC	
SCR13B	NUMERIC	

SCR13E	NUMERIC	
SCR16	NUMERIC	
SCR13BN	NUMERIC	
SCR13DN	NUMERIC	
SCR14	NUMERIC	
SCR13D	NUMERIC	
SCR15L	NUMERIC	
SCR15KSP	STRING(200) - A200	
SCR13AN	NUMERIC	
SCR18E	NUMERIC	
SCR18K	NUMERIC	
SCR15C	NUMERIC	
SCR13C	NUMERIC	
SCR15A	NUMERIC	
SCR18D	NUMERIC	

aware : Screening Questionnaire For Randomized Patients (SCQR3)	
1.	19. This study involves testing participants for sexually transmitted diseases (STDs) and HIV. Are you willing to be tested for these STDs and HIV as part of this study?
	(awarecdd: SCQR3.SCR19 / STD TEST CONFIRM) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
2.	19A. Have you already been tested for any of these STDs at this clinic today?
	(awarecdd: SCQR3.SCR19A / STD TESTED TODAY) [0] <input type="radio"/> No [1] <input type="radio"/> Yes, If Yes, study staff should indicate which STDs the participant has already been tested for today (awarecdd: SCQR3.SCR19AA / STD TEST TODAY GONORRHEA) [1] <input type="checkbox"/> Gonorrhea (awarecdd: SCQR3.SCR19AB / STD TEST TODAY CHLAMYDIA) [1] <input type="checkbox"/> Chlamydia (awarecdd: SCQR3.SCR19AC / STD TEST TODAY HERPES) [1] <input type="checkbox"/> Herpes (awarecdd: SCQR3.SCR19AD / STD TEST TODAY SYPHILIS) [1] <input type="checkbox"/> Syphilis (awarecdd: SCQR3.SCR19AE / STD TEST TODAY HIV) [1] <input type="checkbox"/> HIV (awarecdd: SCQR3.SCR19AF / STD TEST TODAY TRICHOMONAS) [1] <input type="checkbox"/> Trichomonas
3.	19B. Are you currently participating in an HIV study or program involving safer sex or otherwise addressing HIV risk?
	(awarecdd: SCQR3.SCR19B / STD OTHER PROGRAM) [0] <input type="radio"/> No [1] <input type="radio"/> Yes
	20. Based on the responses provided and the answer key above, is the participant eligible to proceed with the enrollment process? [read-only]
	(awarecdd: SCQR3.SCR20 / ELIGIBLE TO ENROLL) [0] <input type="radio"/> No; STOP here. Proceed with entering data into InForm. [1] <input type="radio"/> Yes; Study staff should proceed with enrollment.
4.*	21. Was Informed Consent obtained?
	(awarecdd: SCQR3.SCR21 / ICF OBTAINED) [0] <input type="radio"/> (awarecdd: SCQR3.SCR21A / NO ICF REASON) No, Provide Reason (Check Only One) [1] <input type="radio"/> Ineligible due to screening criteria [2] <input type="radio"/> Participant's decision/changed mind [3] <input type="radio"/> Judgment of STD clinic staff (specify): (awarecdd: SCQR3.SCR21ASP / NO ICF STAFF SPEC) A200 [4] <input type="radio"/> Failed to return to site [5] <input type="radio"/> Unable to complete ICF in appointed visit schedule [6] <input type="radio"/> Other (specify): (awarecdd: SCQR3.SCR21BSP / NO ICF OTHER SPEC) A200 If No: STOP here. Participant ineligible to be randomized. Enter data into InForm. [1] <input type="radio"/> Yes, Provide date: Req / Req / Req (2010-2013) (awarecdd: SCQR3.SCR21DT / ICF DATE)
5.*	22. Did participant successfully complete ACASI?
	(awarecdd: SCQR3.SCR22 / ACASI OBTAINED) [0] <input type="radio"/> (awarecdd: SCQR3.SCR22R / NO ACASI REASON) No, Provide Reason (Check Only One) [1] <input type="radio"/> ACASI never started [2] <input type="radio"/> Participant's decision/changed mind [3] <input type="radio"/> Judgment of STD clinic staff (specify): (awarecdd: SCQR3.SCR22RSP / NO ACASI STAFF SPEC) A200 [4] <input type="radio"/> Failed to return to site [5] <input type="radio"/> Unable to complete ACASI in appointed visit schedule [6] <input type="radio"/> Became ineligible due to ACASI response [7] <input type="radio"/> Other (specify): (awarecdd: SCQR3.SCR22OSP / NO ACASI OTHER SPEC) A200 If No: STOP here. Participant ineligible to be randomized. Enter data into InForm. [1] <input type="radio"/> Yes

6.*	22A. If participant successfully completed ACASI, then what is participant's gender as reported on ACASI (check only one):	(awarecdd: SCQR3.SCR22A / ACASI GENDER) [1] <input type="radio"/> Male [2] <input type="radio"/> Female
7.*	22B. If participant successfully completed ACASI, then what is participant's date of birth as reported on ACASI?	(awarecdd: SCQR3.SCR22B / ACASI DOB PH CONTROL) [1] <input type="radio"/> Provide date: Req [v] / Req [v] / Req [v] (1900-1995) (awarecdd: SCQR3.SCR22BDT / ACASI DOB) (awarecdd: SCQR3.SCR22BSP / ACASI DOB 18 YN) [0] <input type="radio"/> Participant's age is less than 18 years, STOP here. Participant ineligible to be randomized. Enter data into InForm. [1] <input type="radio"/> Participant's age is greater than 18 years, Contact the IVRS to proceed with randomization. If participant was randomized, STOP here.
8.*	23. If participant was eligible but failed to randomize, provide reason (check only one):	(awarecdd: SCQR3.SCR23 / FAIL RAND REASON) [1] <input type="radio"/> Withdrew consent [2] <input type="radio"/> Participants decision/changed mind [3] <input type="radio"/> Judgment of STD clinic staff (specify): (awarecdd: SCQR3.SCR23ASP / FAIL RAND STAFF SPEC) <input type="text" value="A200"/> [4] <input type="radio"/> Failed to return to site [5] <input type="radio"/> Failed to complete locator information per protocol [6] <input type="radio"/> Failed to sign HIPAA form and/or medical record release form to permit abstraction of HIV and STI tests, results and treatment [7] <input type="radio"/> Failed to be tested for the HIV and/or STI test bettery [8] <input type="radio"/> Other (specify): (awarecdd: SCQR3.SCR23BSP / FAIL RAND OTHER SPEC) <input type="text" value="A200"/>

* Item is not required

CDD: awarecdd Table: SCQR3 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SCR19AF	NUMERIC	
SCR19AE	NUMERIC	
SCR21BSP	STRING(200) - A200	
SCR19B	NUMERIC	
SCR19AA	NUMERIC	
SCR22A	NUMERIC	
SCR22BSP	NUMERIC	
SCR19AC	NUMERIC	
SCR19	NUMERIC	
SCR21ASP	STRING(200) - A200	
SCR22R	NUMERIC	
SCR19AB	NUMERIC	
SCR19A	NUMERIC	
SCR22RSP	STRING(200) - A200	
SCR21	NUMERIC	
SCR22BDT	DATE - DDMONYYYY	
SCR19AD	NUMERIC	
SCR22B	NUMERIC	
SCR21A	NUMERIC	
SCR22OSP	STRING(200) - A200	
SCR20	NUMERIC	
SCR21DT	DATE - DDMONYYYY	
SCR22	NUMERIC	

SCR23BSP	STRING(200) - A200	
SCR23	NUMERIC	
SCR23ASP	STRING(200) - A200	

aware : Randomization (RAN)	
.	
1. 1. Visit Date:	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:RAN.RAN01VDT / RAN visit date)
2. 2. Date of Randomization: <i>[read-only]</i>	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:RAN.RAN02DT / Randomization date)
3. 3. IVRS Randomization number <i>[read-only]</i>	xxxxxx (awarecdd:RAN.RAN03 / Ran Scheme sequence number)
4. 4. IVRS treatment assignment: <i>[read-only]</i>	(awarecdd:RAN.RAN04 / Randomized treatment) [1] <input type="radio"/> Group 1-Onsite rapid HIV testing with RESPECT-2 counseling [2] <input type="radio"/> Group 2-Onsite rapid HIV testing with information only
5. 5. Randomization Strata: <i>[read-only]</i>	(awarecdd:RAN.RAN05 / Randomization strata) [1] <input type="radio"/> Black MSM Males [2] <input type="radio"/> Black non-MSM Males [3] <input type="radio"/> Black Females [4] <input type="radio"/> Hispanic MSM Males [5] <input type="radio"/> Hispanic non-MSM Males [6] <input type="radio"/> Hispanic Females [7] <input type="radio"/> White MSM Males [8] <input type="radio"/> White non-MSM Males [9] <input type="radio"/> White Females [10] <input type="radio"/> Other MSM Males [11] <input type="radio"/> Other non-MSM Males [12] <input type="radio"/> Other Females
6. 6. If Male, has the participant ever had sex with another male? <i>[read-only]</i>	(awarecdd:RAN.RAN06 / Randomization strata) [0] <input type="radio"/> No [1] <input type="radio"/> Yes [99] <input type="radio"/> NA

CDD: awarecdd Table: RAN Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
RAN02DT	DATE - DDMONYYYY	
RAN06	NUMERIC	
RAN04	NUMERIC	
RAN01VDT	DATE - DDMONYYYY	
RAN05	NUMERIC	
RAN03	NUMERIC - N6	

aware : Intervention Introduction (II)

.		
1.*	This is the Intervention Visit. This Visit will only be activated for the Randomized Patients. The following Forms can be found in this visit: HIVG1 or HIVG2 (depending on Randomization Assignment), INTFCS, HIVRER, HIVREP, FRRR, HIVCC, HIVCO, and HIVPOS [<i>read-only</i>]	A200 (awarecdd: II.II01 / II PH)
* Item is not required		

Form Design Note:

Put in the visit where all the forms are dynamic

CDD: awarecdd Table: II Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
II01	STRING(200) - A200	

aware : Group 1 HIV Testing/Respect-2 Counseling (HIVG1)		
1.	1. Staff ID:	A5 (awarecdd:HIVG1.H101 / STAFF ID)
2.	2. Was initial (RESPECT-2 counseling) session of intervention conducted?	<p>(awarecdd:HIVG1.H102 / Initial session conducted)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVG1.H102A / Reason init not conducted) [1] <input type="radio"/> Participant's decision/changed mind [2] <input type="radio"/> Judgment of STD Clinic Staff (awarecdd:HIVG1.H102SP / Specify judge STD) (specify): <input type="text" value="A200"/> [3] <input type="radio"/> Failed to return to site [4] <input type="radio"/> Unable to complete intervention in appointed visit schedule [5] <input type="radio"/> Other (specify): (awarecdd:HIVG1.H102RS / Specify other reason) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes Initial Session start date: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:HIVG1.H102SDDT / Init. session start date) Initial Session start time: Req <input type="text"/> : Req <input type="text"/> 24-hour clock (awarecdd:HIVG1.H102SDTM / Init. session start time) Initial Session end date: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:HIVG1.H102EDDT / Init. session end date) Initial Session end time: Req <input type="text"/> : Req <input type="text"/> 24-hour clock (awarecdd:HIVG1.H102EDTM / Init. session end time)</p>
3.	3. Did participant accept rapid HIV testing?	<p>(awarecdd:HIVG1.H103 / Rapid HIV offer accepted)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVG1.H103A / Reason offer not accepted) [1] <input type="radio"/> Participant stated: not ready [2] <input type="radio"/> Participant stated: will think about it [3] <input type="radio"/> Participant stated: scared of getting test [4] <input type="radio"/> Participant stated: scared of getting results [5] <input type="radio"/> Participant stated: did not have time [6] <input type="radio"/> Other (specify): (awarecdd:HIVG1.H103SP / Specify other reason) <input type="text" value="A200"/> If No: STOP here, form complete</p> <p>[1] <input type="radio"/> Yes</p>
4.*	4. Was (RESPECT-2 counseling) results session of intervention conducted?	<p>(awarecdd:HIVG1.H105 / Result session conducted)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVG1.H105A / Reason result not conducted) [1] <input type="radio"/> Not started, participant changed mind [2] <input type="radio"/> Participant left mid-session [3] <input type="radio"/> Judgment of STD Clinic Staff (specify): (awarecdd:HIVG1.H105SP / Specify judge STD) <input type="text" value="A200"/> [4] <input type="radio"/> Failed to return to site [5] <input type="radio"/> Unable to complete intervention in appointed visit schedule [6] <input type="radio"/> Other (specify): (awarecdd:HIVG1.H105RS / Specify other reason) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes Complete date and time: Results Session start date: Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:HIVG1.H105SDDT / Res session start date) Results Session start time: Req <input type="text"/> : Req <input type="text"/> 24-hour clock (awarecdd:HIVG1.H105SDTM / Res session start time) Results Session end date:</p>

		Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd:HIVG1.H105EDDT / Res session end date) Results Session end time: Req <input type="checkbox"/> : Req <input type="checkbox"/> 24-hour clock (awarecdd:HIVG1.H105EDTM / Res session end time)
5.*	5. Comments	<input type="text" value="A200"/> (awarecdd:HIVG1.H106 / HIVG1 COMMENTS)
* Item is not required		

CDD: awarecdd Table: HIVG1 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
H105EDTM	DATE - HHMM	
H106	STRING(200) - A200	
H105	NUMERIC	
H105SDDT	DATE - DDMONYYYY	
H105SDTM	DATE - HHMM	
H102SDDT	DATE - DDMONYYYY	
H102	NUMERIC	
H105EDDT	DATE - DDMONYYYY	
H105RS	STRING(200) - A200	
H102A	NUMERIC	
H101	STRING(5) - A5	
H102SDTM	DATE - HHMM	
H103SP	STRING(200) - A200	
H103A	NUMERIC	
H103	NUMERIC	
H105A	NUMERIC	
H102SP	STRING(200) - A200	
H102EDTM	DATE - HHMM	
H102EDDT	DATE - DDMONYYYY	
H102RS	STRING(200) - A200	
H105SP	STRING(200) - A200	

aware : Group 2 HIV Testing/Information (HIVG2)		
1.	1. Staff ID:	A5 (awarecdd:HIVG2.H201 / STAFF ID)
2.	2. Was initial (Information only, pre results) session of the intervention conducted?	<p>(awarecdd:HIVG2.H202 / Initial session conducted)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVG2.H202A / Reason no init session) [1] <input type="radio"/> Participant's decision/changed mind [2] <input type="radio"/> Judgment of STD Clinic Staff (awarecdd:HIVG2.H202SP / Specify other) (specify:) <input type="text" value="A200"/> [3] <input type="radio"/> Failed to return to site [4] <input type="radio"/> Unable to complete intervention in appointed visit schedule [5] <input type="radio"/> Other (specify): (awarecdd:HIVG2.H202RSP / Specify other) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes Initial Session start date: Req <input type="text" value=""/> / Req <input type="text" value=""/> / Req <input type="text" value=""/> (2010-2013) (awarecdd:HIVG2.H202SDDT / Init. session start date) Initial Session start time: Req <input type="text" value=""/> : Req <input type="text" value=""/> 24-hour clock (awarecdd:HIVG2.H202SDTM / Init. session start time) Initial Session end date: Req <input type="text" value=""/> / Req <input type="text" value=""/> / Req <input type="text" value=""/> (2010-2013) (awarecdd:HIVG2.H202EDDT / Init. session end time) Initial Session end time: Req <input type="text" value=""/> : Req <input type="text" value=""/> 24-hour clock (awarecdd:HIVG2.H202EDTM / Init. session end time)</p>
3.	3. Did participant accept rapid HIV testing?	<p>(awarecdd:HIVG2.H203 / Rapid test offer accepted)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVG2.H203A / Reason offer not accepted) [1] <input type="radio"/> Participant stated: not ready [2] <input type="radio"/> Participant stated: will think about it [3] <input type="radio"/> Participant stated: scared of getting test [4] <input type="radio"/> Participant stated: scared of getting results [5] <input type="radio"/> Participant stated: did not have time [6] <input type="radio"/> Other (specify): (awarecdd:HIVG2.H203SP / Specify other) <input type="text" value="A200"/> If No: STOP here, form complete</p> <p>[1] <input type="radio"/> Yes</p>
4.*	4. Was Arm 2 (information only) results session of the intervention conducted?	<p>(awarecdd:HIVG2.H205 / Results session conducted)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVG2.H205A / Reason no result session) [1] <input type="radio"/> Not started, participant changed mind [2] <input type="radio"/> Participant left mid-session [3] <input type="radio"/> Judgment of STD Clinic Staff (specify): (awarecdd:HIVG2.H205SP / Specify other) <input type="text" value="A200"/> [4] <input type="radio"/> Failed to return to site [5] <input type="radio"/> Unable to complete intervention in appointed visit schedule [6] <input type="radio"/> Other (specify): (awarecdd:HIVG2.H205RSP / Specify other) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes Complete date and time: Results Session start date: Req <input type="text" value=""/> / Req <input type="text" value=""/> / Req <input type="text" value=""/> (2010-2013) (awarecdd:HIVG2.H205SDDT / Res session start time) Results Session start time: Req <input type="text" value=""/> : Req <input type="text" value=""/> 24-hour clock (awarecdd:HIVG2.H205SDTM / Res session start time) Results Session end date:</p>

		Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2010-2013) (awarecdd:HIVG2.H205EDDT / Res session end date) Results Session end time: Req <input type="button" value="v"/> : Req <input type="button" value="v"/> 24-hour clock (awarecdd:HIVG2.H205EDTM / Res session end time)
5.*	5. Comments	<input type="text" value="A200"/> (awarecdd:HIVG2.H206 / HIVG2 COMMENTS)
* Item is not required		

CDD: awarecdd Table: HIVG2 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
H202SDDT	DATE - DDMONYYYY	
H203	NUMERIC	
H201	STRING(5) - A5	
H205	NUMERIC	
H202A	NUMERIC	
H203SP	STRING(200) - A200	
H205SP	STRING(200) - A200	
H202	NUMERIC	
H205SDDT	DATE - DDMONYYYY	
H202SP	STRING(200) - A200	
H202RSP	STRING(200) - A200	
H202SDTM	DATE - HHMM	
H205A	NUMERIC	
H202EDDT	DATE - DDMONYYYY	
H205EDDT	DATE - DDMONYYYY	
H205EDTM	DATE - HHMM	
H202EDTM	DATE - HHMM	
H203A	NUMERIC	
H205SDTM	DATE - HHMM	
H205RSP	STRING(200) - A200	
H206	STRING(200) - A200	

aware : Visit Intervention FCS (INTFCS)	
Forms Completion Status	
Please complete each form	
1. 1 HIV Rapid Result	Pulldown List 1 <input type="button" value="v"/> (awarecdd: INTFCS.IFC01 / INTER FCS HIVRER)
2. 2 HIV Repeat Rapid Result	Pulldown List 2 <input type="button" value="v"/> (awarecdd: INTFCS.IFC02 / INTER FCS HIVREP)
3. 3 For Reactive Rapid Results	Pulldown List 3 <input type="button" value="v"/> (awarecdd: INTFCS.IFC03 / INTER FCS FRRR)
4. 4 HIV Confirmatory Collection	Pulldown List 4 <input type="button" value="v"/> (awarecdd: INTFCS.IFC04 / INTER FCS HIVCC)
5. 5 HIV Confirmatory Results	Pulldown List 5 <input type="button" value="v"/> (awarecdd: INTFCS.IFC05 / INTER FCS HIVCO)
6. 5 Confirmatory Positive HIV Results	Pulldown List 6 <input type="button" value="v"/> (awarecdd: INTFCS.IFC06 / INTER FCS HIVPOS)

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	

ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

CDD: awarecdd Table: INTFCS Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
IFC03	NUMERIC - 0, 1, 2, 3, 9	
IFC02	NUMERIC - 0, 1, 2, 3, 9	
IFC01	NUMERIC - 0, 1, 2, 3, 9	
IFC05	NUMERIC - 0, 1, 2, 3, 9	
IFC04	NUMERIC - 0, 1, 2, 3, 9	
IFC06	NUMERIC - 0, 1, 2, 3, 9	

aware : HIV Rapid Result (HIVRER)		
1.	1. Staff ID:	A5 (awarecdd:HIVRER.RER02 / HIVRER Staff ID)
2.	2. Date form completed:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVRER.RER01DT / Date form completed)
3.	3. Was HIV rapid test performed?	(awarecdd:HIVRER.RER03 / Initial test performed) [0] <input type="radio"/> (awarecdd:HIVRER.RER03A / No init test reason) No Provide reason: [1] <input type="radio"/> Participant stated: changed mind [2] <input type="radio"/> Participant stated: did not have time [3] <input type="radio"/> Participant stated: wants to think about getting tested [4] <input type="radio"/> Participant stated: not ready to be tested [5] <input type="radio"/> Insufficient sample If No: STOP here, form complete [1] <input type="radio"/> Yes Rapid test kit lot number: A7 (awarecdd:HIVRER.RER03B / Init test kit num) Rapid test kit expiration date: Req [v] / Req [v] / Req [v] (2010-2020) (awarecdd:HIVRER.RER03CDT / Init test exp Dt)
4.*	4a. Rapid test start date and time:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVRER.RER04SDT / Init test start proc date) Req [v] : Req [v] 24-hour clock (awarecdd:HIVRER.RER04STM / Init test proc start time)
5.*	4b. Rapid test end date and time:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVRER.RER04EDT / Init test proc end date) Req [v] : Req [v] 24-hour clock (awarecdd:HIVRER.RER04ETM / Init test proc end time)
6.*	5. What were the results of the rapid HIV test?	(awarecdd:HIVRER.RER05 / Init test result) [0] <input type="radio"/> Non-reactive [1] <input type="radio"/> Invalid [2] <input type="radio"/> Reactive
7.*	6. Did participant receive initial rapid HIV test result?	(awarecdd:HIVRER.RER06 / Part recd initial result) [0] <input type="radio"/> No Provide reason: (awarecdd:HIVRER.RER06A / Reason no init result) [1] <input type="radio"/> Participant refused [2] <input type="radio"/> Participant left without notifying staff [3] <input type="radio"/> Participant stated: did not have time [4] <input type="radio"/> Other (specify): A200 (awarecdd:HIVRER.RER06SP / Specify other reason) [1] <input type="radio"/> Yes Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVRER.RER06PDT / Init result visit dt) If Yes: STOP here, form complete
8.*	6A. What is the plan to provide initial oral rapid HIV test result?	(awarecdd:HIVRER.RER06P / Plan to provide init result) [1] <input type="radio"/> Results visit scheduled Date of scheduled visit: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVRER.RER06DT / Init result visit sched dt) [2] <input type="radio"/> Staff will attempt to contact participant to schedule results visit [3] <input type="radio"/> Participant refuses to schedule results visit [4] <input type="radio"/> Other (specify): A200 (awarecdd:HIVRER.RER06PS / Specify other plan)
9.*	7. Did participant receive initial rapid HIV test results at a later date?	(awarecdd:HIVRER.RER07 / Init results later) [0] <input type="radio"/> (awarecdd:HIVRER.RER07A / Reason no init result later) No Provide reason: [1] <input type="radio"/> Participant continues to refuse [2] <input type="radio"/> Participant lost to follow-up [3] <input type="radio"/> Other (specify): (awarecdd:HIVRER.RER07SP / Specify other)

		<input type="text" value="A200"/>
		<p>[1] <input type="radio"/> Yes</p> <p>Date participant received rapid HIV test results:</p> <p><input type="text" value="Req"/> / <input type="text" value="Req"/> / <input type="text" value="Req"/> (2010-2013) (awarecdd:HIVRER.RER07DT / Later init result dt)</p>
10.*	8. Comments	<input type="text" value="A200"/> (awarecdd:HIVRER.RER08 / HIVRER COMMENTS)
* Item is not required		

Column Name	Column Data Type	Design Note
RER06SP	STRING(200) - A200	
RER06PDT	DATE - DDMONYYYY	
RER01DT	DATE - DDMONYYYY	
RER06PS	STRING(200) - A200	
RER06P	NUMERIC	
RER06A	NUMERIC	
RER02	STRING(5) - A5	
RER03	NUMERIC	
RER05	NUMERIC	
RER04ETM	DATE - HHMM	
RER06DT	DATE - DDMONYYYY	
RER04STM	DATE - HHMM	
RER07	NUMERIC	
RER07A	NUMERIC	
RER03CDT	DATE - DDMONYYYY	
RER04EDT	DATE - DDMONYYYY	
RER04SDT	DATE - DDMONYYYY	
RER03B	STRING(7) - A7	
RER06	NUMERIC	
RER07SP	STRING(200) - A200	
RER03A	NUMERIC	
RER08	STRING(200) - A200	
RER07DT	DATE - DDMONYYYY	

aware : HIV Repeat Rapid Result (HIVREP)		
1.	1. Staff ID:	A5 (awarecdd:HIVREP.REP02 / Staff ID)
2.	2. Date form completed:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVREP.REP01DT / HIVREP form date)
3.	3. Was repeat HIV rapid test performed?	<p>(awarecdd:HIVREP.REP03 / Initial 2 test)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVREP.REP03A / Reason no init 2 test) No Provide reason: [1] <input type="radio"/> Participant stated: changed mind [2] <input type="radio"/> Participant stated: did not have time [3] <input type="radio"/> Participant stated: wants to think about getting tested [4] <input type="radio"/> Participant stated: not ready to be tested [5] <input type="radio"/> Insufficient sample</p> <p>If No: STOP here, form complete</p> <p>[1] <input type="radio"/> Yes Repeat rapid test kit lot number: A7 (awarecdd:HIVREP.REP03B / Initial 2 kit lot num) Repeat rapid test kit expiration date: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVREP.REP03EDT / Initial 2 kit exp date)</p>
4.*	4a. Repeat rapid test start date and time:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVREP.REP04SDT / Init test start proc date) Req [v] : Req [v] 24-hour clock (awarecdd:HIVREP.REP04STM / Init test start proc time)
5.*	4b. Repeat rapid test end date and time:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVREP.REP04EDT / Init test proc end date) Req [v] : Req [v] 24-hour clock (awarecdd:HIVREP.REP04EDTM / Init test proc end time)
6.*	5. What were the results of the repeat rapid HIV test?	<p>(awarecdd:HIVREP.REP05 / RES REP RAP TEST)</p> <p>[0] <input type="radio"/> Non-reactive [1] <input type="radio"/> Invalid [2] <input type="radio"/> Reactive</p>
7.*	6. Did participant receive repeat rapid HIV test result?	<p>(awarecdd:HIVREP.REP06 / Initial 2 result)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVREP.REP06A / Reason no initial 2 result) [1] <input type="radio"/> Participant refused [2] <input type="radio"/> Participant left without notifying staff [3] <input type="radio"/> Participant stated: did not have time [4] <input type="radio"/> Other (specify): A200 (awarecdd:HIVREP.REP06SP / Specify other)</p> <p>[1] <input type="radio"/> Yes Provide date: Date of scheduled visit: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVREP.REP06DT / Initial 2 result date)</p>
8.*	6a. What is the plan to provide repeat rapid HIV test result?	<p>(awarecdd:HIVREP.REP06B / Plan initial 2 result)</p> <p>[1] <input type="radio"/> Results visit scheduled Results visit scheduled Date of scheduled visit: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVREP.REP06SDT / Date initial 2 sched visit)</p> <p>[2] <input type="radio"/> Staff will attempt to contact participant to schedule results visit [3] <input type="radio"/> Participant refuses to schedule results visit [4] <input type="radio"/> Other Other (specify): (awarecdd:HIVREP.REP06PSP / Specify other) A200</p>
9.*	7. Did participant receive repeat rapid HIV test results at a later date?	<p>(awarecdd:HIVREP.REP07 / Initial 2 later result)</p> <p>[0] <input type="radio"/> (awarecdd:HIVREP.REP07A / Reason no later result) No Provide reason: [1] <input type="radio"/> Participant continues to refuse</p>

		<p>[2] <input type="radio"/> Participant lost to follow-up</p> <p>[3] <input type="radio"/> Other (specify): <input type="text" value="A200"/> (awarecdd:HIVREP.REP07SP / Specify other)</p> <p>[1] <input type="radio"/> Yes Date participant received repeat rapid HIV test results: <input type="text" value="Req"/> / <input type="text" value="Req"/> / <input type="text" value="Req"/> (2010-2013) (awarecdd:HIVREP.REP07DT / Initial 2 later result dt)</p>
10.*	8. Comments	<input type="text" value="A200"/> (awarecdd:HIVREP.REP08 / HIVRER COMMENTS)
* Item is not required		

CDD: awarecdd	Table: HIVREP	Key Type: PATIENTVISIT
Column Name	Column Data Type	Design Note
REP07SP	STRING(200) - A200	
REP08	STRING(200) - A200	
REP04STM	DATE - HHMM	
REP03EDT	DATE - DDMONYYYY	
REP03	NUMERIC	
REP02	STRING(5) - A5	
REP06PSP	STRING(200) - A200	
REP05	NUMERIC	
REP07	NUMERIC	
REP03A	NUMERIC	
REP04EDT	DATE - DDMONYYYY	
REP06SDT	DATE - DDMONYYYY	
REP04SDT	DATE - DDMONYYYY	
REP07A	NUMERIC	
REP06B	NUMERIC	
REP07DT	DATE - DDMONYYYY	
REP06DT	DATE - DDMONYYYY	
REP06	NUMERIC	
REP4EDTM	DATE - HHMM	
REP01DT	DATE - DDMONYYYY	
REP06SP	STRING(200) - A200	
REP03B	STRING(7) - A7	
REP06A	NUMERIC	

aware : For Reactive Rapid Results (FRRR)		
1.	Date Of Assessment	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2010-2013) (awarecdd:FRRR.HRFADT / FRRR ASSESS DATE)
2.	1. Staff ID:	A5 (awarecdd:FRRR.HRF01 / Staff ID)
3.	2. Was participant assessed for potential suicidality?	(awarecdd:FRRR.HRF03 / Suicidality) [0] <input type="radio"/> (awarecdd:FRRR.HRF03A / Reason no suicidality) No Provide reason: [1] <input type="radio"/> Staff forgot [2] <input type="radio"/> Participant refused to discuss [3] <input type="radio"/> Participant stated: did not have time [4] <input type="radio"/> Other (specify): (awarecdd:FRRR.HRF03SP / Specify other) A200 [1] <input type="radio"/> Yes
4.	3. Was participant encouraged to have specific plans for that day to reach out to another person for support or have specific plans for self care?	(awarecdd:FRRR.HRF04 / Support plan) [0] <input type="radio"/> (awarecdd:FRRR.HRF04A / Reason no support plan) No Provide reason: [1] <input type="radio"/> Staff forgot [2] <input type="radio"/> Participant refused to discuss [3] <input type="radio"/> Participant stated: did not have time [4] <input type="radio"/> Other (specify): (awarecdd:FRRR.HRF04SP / Specify other) A200 [1] <input type="radio"/> Yes
5.	4. Was participant informed that appropriate referrals and support will be provided if confirmatory results are reactive?	(awarecdd:FRRR.HRF05 / Informed support provided) [0] <input type="radio"/> (awarecdd:FRRR.HRF05A / Reason not informed) No Provide reason: [1] <input type="radio"/> Staff forgot [2] <input type="radio"/> Participant refused to discuss [3] <input type="radio"/> Participant stated: did not have time [4] <input type="radio"/> Other (specify): (awarecdd:FRRR.HRF05SP / Specify other) A200 [1] <input type="radio"/> Yes
6.	5. Was participant provided with appropriate referrals and support?	(awarecdd:FRRR.HRF06 / Provided with referrals) [0] <input type="radio"/> (awarecdd:FRRR.HRF06A / Reason no referrals) No Provide reason: [1] <input type="radio"/> Staff forgot [2] <input type="radio"/> Participant refused to discuss [3] <input type="radio"/> Participant stated: did not have time [4] <input type="radio"/> Other (specify): (awarecdd:FRRR.HRF06SP / Specify other) A200 [1] <input type="radio"/> Yes
7.*	6. Comments	A200 (awarecdd:FRRR.HRF07 / FRRR COMMENTS)

* Item is not required

Column Name	Column Data Type	Design Note
HRF06SP	STRING(200) - A200	
HRF03SP	STRING(200) - A200	
HRFADT	DATE - DDMONYYYY	

HRF03A	NUMERIC	
HRF03	NUMERIC	
HRF06A	NUMERIC	
HRF07	STRING(200) - A200	
HRF01	STRING(5) - A5	
HRF05SP	STRING(200) - A200	
HRF05	NUMERIC	
HRF06	NUMERIC	
HRF04SP	STRING(200) - A200	
HRF04	NUMERIC	
HRF05A	NUMERIC	
HRF04A	NUMERIC	

aware : HIV Confirmatory Collection (HIVCC)		
1.	1. Staff ID:	A5 (awarecdd:HIVCC.ICC01 / Staff ID)
2.	2. Date form completed:	Req / Req / Req (2010-2013) (awarecdd:HIVCC.ICC02DT / HIVCC date)
3.	3. Was confirmatory test sample collected?	<p>(awarecdd:HIVCC.ICC03 / Conf test 1 collected)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVCC.ICC03A / Reason no test 1) <input type="radio"/> [1] Participant refused <input type="radio"/> [2] Participant left without notifying staff <input type="radio"/> [3] Participant stated: did not have time <input type="radio"/> [4] Other (specify): (awarecdd:HIVCC.ICC03ASP / Specify no test 1) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes Date sample collected: Req / Req / Req (2010-2013) (awarecdd:HIVCC.ICC03CDT / Sample 1 coll date) Date sample sent out for processing: Req / Req / Req (2008-2012) (awarecdd:HIVCC.ICC03DDT / Sample 1 process dt) Confirmatory test kit lot number: (awarecdd:HIVCC.ICC03E / Test kit lot 1) <input type="text" value="A7"/> Confirmatory test kit expiration date: Req / Req / Req (2008-2012) (awarecdd:HIVCC.ICC03FDT / test kit lot 1 expiration)</p>
4.*	3A. What is the plan to collect confirmatory test samples?	<p>(awarecdd:HIVCC.ICC03B / Plan for test 1)</p> <p>[1] <input type="radio"/> Visit scheduled Date of scheduled visit: Req / Req / Req (2010-2013) (awarecdd:HIVCC.ICC03BDT / Test 1 visit dt) <input type="radio"/> [2] Staff will attempt to contact participant to schedule visit <input type="radio"/> [3] Participant continues to refuse <input type="radio"/> [4] Participant lost to follow-up <input type="radio"/> [5] Other (specify): (awarecdd:HIVCC.ICC03BSP / Specify plan test 1) <input type="text" value="A200"/></p>
5.	4. Were referrals provided to participant?	<p>(awarecdd:HIVCC.ICC04 / Were referrals provided)</p> <p>[0] <input type="radio"/> (awarecdd:HIVCC.ICC04A / Referrals plan) No What is the plan for providing referrals: <input type="radio"/> [1] Staff will contact participant to provide referrals <input type="radio"/> [2] Participant refuses referrals <input type="radio"/> [4] Other (specify): (awarecdd:HIVCC.ICC04ASP / Specify other referral plan) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes (awarecdd:HIVCC.ICC04B / Primary care) Which referrals were provided (check all that apply)? <input type="checkbox"/> [1] HIV primary care (awarecdd:HIVCC.ICC04C / Mental health) <input type="checkbox"/> [1] Mental health (awarecdd:HIVCC.ICC04D / Social support) <input type="checkbox"/> [1] Social support (awarecdd:HIVCC.ICC04E / Other referral) <input type="checkbox"/> [1] Other (specify): (awarecdd:HIVCC.ICC04ESP / Specify no check in call) <input type="text" value="A200"/></p>
6.	5. Was check-in call to participant scheduled?	<p>(awarecdd:HIVCC.ICC05 / Check-in call)</p> <p>[0] <input type="radio"/> (awarecdd:HIVCC.ICC05A / Reason no check in call) No Provide reason: Participant did not have time; staff will attempt to make check-in call</p>

		<p>[1] <input type="radio"/></p> <p>[2] <input type="radio"/> Participant left without notifying staff; staff will attempt to make check-in call</p> <p>[3] <input type="radio"/> Participant refuses check-in call</p> <p>[4] <input type="radio"/> Other (specify): (awarecdd:HIVCC.ICC05SP / Specify no check in call)</p> <p>A200</p> <p>[1] <input type="radio"/> Yes</p> <p>Date of scheduled call:</p> <p>Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2010-2013) (awarecdd:HIVCC.ICC05DT / Date call scheduled)</p>
7.*	6. Was date scheduled for participant to return to receive confirmatory test results?	<p>(awarecdd:HIVCC.ICC06 / Result 1 scheduled)</p> <p>[0] <input type="radio"/> No Provide reason:</p> <p>(awarecdd:HIVCC.ICC06A / Reason not return results)</p> <p>[1] <input type="radio"/> Participant refused</p> <p>[2] <input type="radio"/> Participant left without notifying staff</p> <p>[3] <input type="radio"/> Participant stated: did not have time</p> <p>[4] <input type="radio"/> Other (specify): (awarecdd:HIVCC.ICC06DSP / Specify other reason)</p> <p>A200</p> <p>[1] <input type="radio"/> Yes</p> <p>Date of scheduled confirmatory results appointment:</p> <p>Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2010-2013) (awarecdd:HIVCC.ICC06DDT / Result 1 appt date)</p>
8.*	6A. What is the plan for scheduling confirmatory results appointment?	<p>(awarecdd:HIVCC.ICC06E / Plan for result 1 visit)</p> <p>[1] <input type="radio"/> Visit scheduled</p> <p>Date of scheduled visit:</p> <p>Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2010-2013) (awarecdd:HIVCC.ICC06EDT / Result 1 visit date)</p> <p>[2] <input type="radio"/> Staff will attempt to contact participant to schedule visit</p> <p>[3] <input type="radio"/> Participant continues to refuse</p> <p>[5] <input type="radio"/> Other (specify): (awarecdd:HIVCC.ICC06ESP / Specify other result 1 plan)</p> <p>A200</p>
9.*	7. Comments	<p>A200 (awarecdd:HIVCC.ICC07 / HIVCC COMMENTS)</p>

* Item is not required

Column Name	Column Data Type	Design Note
ICC03DDT	DATE - DDMONYYYY	
ICC04A	NUMERIC	
ICC03CDT	DATE - DDMONYYYY	
ICC02DT	DATE - DDMONYYYY	
ICC03	NUMERIC	
ICC03A	NUMERIC	
ICC03ASP	STRING(200) - A200	
ICC06EDT	DATE - DDMONYYYY	
ICC05SP	STRING(200) - A200	
ICC06DSP	STRING(200) - A200	
ICC03B	NUMERIC	
ICC03FDT	DATE - DDMONYYYY	
ICC03BSP	STRING(200) - A200	
ICC04	NUMERIC	
ICC04D	STRING(255)	

ICC04E	STRING(255)	
ICC03E	STRING(7) - A7	
ICC04ESP	STRING(200) - A200	
ICC05	NUMERIC	
ICC04B	STRING(255)	
ICC03BDT	DATE - DDMYYYYY	
ICC01	STRING(5) - A5	
ICC07	STRING(200) - A200	
ICC04C	STRING(255)	
ICC06ESP	STRING(200) - A200	
ICC05DT	DATE - DDMYYYYY	
ICC06DDT	DATE - DDMYYYYY	
ICC04ASP	STRING(200) - A200	
ICC05A	NUMERIC	
ICC06E	NUMERIC	
ICC06A	NUMERIC	
ICC06	NUMERIC	

aware : HIV CONFIRMATORY RESULTS (HIVCO)		
1.	1. Staff ID:	A5 (awarecdd:HIVCO.IC001 / STAFF ID)
2.	2. Date form completed:	Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVCO.IC002 / HIVCO Date)
3.	3. Was check-in call to the participant completed?	<p>(awarecdd:HIVCO.IC003 / Was check in call completed)</p> <p>[0] <input type="radio"/> No Provide reason: No Provide reason: [1] <input type="radio"/> Incorrect/non-working contact information [2] <input type="radio"/> Staff forgot [3] <input type="radio"/> Not scheduled [4] <input type="radio"/> Other (specify): (awarecdd:HIVCO.IC003SP / Specify reason) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes Date of check-in call: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVCO.IC003DT / Check in call date)</p>
4.	4. Did STD Clinic receive confirmatory HIV test result?	<p>(awarecdd:HIVCO.IC004 / STD Clinic received result 1)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVCO.IC004A / Reason STD Clinic no result 1) [1] <input type="radio"/> Lab lost sample [2] <input type="radio"/> Sample lost in mail [3] <input type="radio"/> Other (specify): (awarecdd:HIVCO.IC004SP / Specify reason) <input type="text" value="A200"/></p> <p>If No: STOP here, form complete</p> <p>[1] <input type="radio"/> Yes Date STD Clinic received results: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVCO.IC004DT / ICO04DT)</p>
5.*	5. What is result of confirmatory HIV test?	<p>(awarecdd:HIVCO.IC005 / Test 1 result)</p> <p>[2] <input type="radio"/> Indeterminate [1] <input type="radio"/> Positive [0] <input type="radio"/> Negative</p>
6.*	6a. Did the participant receive the confirmatory HIV test result?	<p>(awarecdd:HIVCO.IC006 / Part. Receive test 1 result)</p> <p>[0] <input type="radio"/> No Provide reason: (awarecdd:HIVCO.IC006A / Reason no test 1 result) [1] <input type="radio"/> Participant failed to return to site [2] <input type="radio"/> Participant refused confirmatory result [3] <input type="radio"/> Other (awarecdd:HIVCO.IC006ASP / Specify other reason) (specify): <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes Date participant received confirmatory results: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVCO.IC006ADT / Date result 1 recd) If Yes: STOP here, form complete:</p>
7.*	6b. If participant did not receive confirmatory HIV test result, what is the plan to provide confirmatory HIV test result?	<p>(awarecdd:HIVCO.IC006B / Plan to provide result 1)</p> <p>[1] <input type="radio"/> Visit scheduled: Date of scheduled visit: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:HIVCO.IC006BDT / Date result 1 visit)</p> <p>[2] <input type="radio"/> Staff will attempt to contact participant to schedule results visit [3] <input type="radio"/> Other (specify): (awarecdd:HIVCO.IC006BSP / Specify plan) <input type="text"/></p>

8.*	7. Did participant receive confirmatory HIV test result at a later date?	<div style="text-align: right;">A200</div> <p>(awarecdd:HIVCO.ICO07 / Result 1 at later date) [0] <input type="radio"/> (awarecdd:HIVCO.ICO07A / Reason no result 1 later) No Provide reason: [1] <input type="radio"/> Participant continues to refuse [2] <input type="radio"/> Participant lost to follow-up [3] <input type="radio"/> Other (specify): <input type="text" value="A200"/> (awarecdd:HIVCO.ICO07SP / Specify other) [1] <input type="radio"/> Yes Date participant received results: Req <input type="text" value=""/> / Req <input type="text" value=""/> / Req <input type="text" value=""/> (2010-2013) (awarecdd:HIVCO.ICO07ADT / Date result 1 rced later)</p>
9.*	8. Comments	<input type="text" value="A200"/> (awarecdd:HIVCO.ICO08 / HIVCO COMMENTS)
* Item is not required		

Column Name	Column Data Type	Design Note
ICO06ADT	DATE - DDMONYYYY	
ICO05	NUMERIC	
ICO03SP	STRING(200) - A200	
ICO06B	NUMERIC	
ICO02	DATE - DDMONYYYY	
ICO03A	NUMERIC	
ICO06BSP	STRING(200) - A200	
ICO06A	NUMERIC	
ICO06	NUMERIC	
ICO01	STRING(5) - A5	
ICO04A	NUMERIC	
ICO06BDT	DATE - DDMONYYYY	
ICO03DT	DATE - DDMONYYYY	
ICO03	NUMERIC	
ICO08	STRING(200) - A200	
ICO07A	NUMERIC	
ICO07SP	STRING(200) - A200	
ICO07ADT	DATE - DDMONYYYY	
ICO06ASP	STRING(200) - A200	
ICO07	NUMERIC	
ICO04SP	STRING(200) - A200	
ICO04	NUMERIC	
ICO04DT	DATE - DDMONYYYY	

aware : Confirmatory Positive of HIV Results (HIVPOS)		
1.	Date Of Assessment	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2010-2013) (awarecdd:HIVPOS.POSADT / HIVPOS ASSESS DATE)
2.	1. Staff ID:	A5 (awarecdd:HIVPOS.POS01 / Staff ID)
3.	2. Was participant assessed for potential suicidality?	<p>(awarecdd:HIVPOS.POS02 / Suicidality)</p> <p>[0] <input type="radio"/> (awarecdd:HIVPOS.POS02A / Reason no suicidality) No Provide reason: [1] <input type="radio"/> Staff forgot [2] <input type="radio"/> Participant refused to discuss [3] <input type="radio"/> Participant stated: did not have time [4] <input type="radio"/> Other (specify): (awarecdd:HIVPOS.POS02SP / Specify other) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes</p>
4.	3. Were referrals provided?	<p>(awarecdd:HIVPOS.POS03 / Referrals provided)</p> <p>[0] <input type="radio"/> (awarecdd:HIVPOS.POS03A / Reason no referrals) No Provide reason: [1] <input type="radio"/> Staff will contact participant to provide referrals [2] <input type="radio"/> Participant stated: refuses referrals [3] <input type="radio"/> Other (specify): (awarecdd:HIVPOS.POS03SP / Specify other) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes Specify referrals provided (check all that apply): (awarecdd:HIVPOS.POS03B / HIV primary care) [1] <input type="checkbox"/> HIV primary care (awarecdd:HIVPOS.POS03C / Social support) [1] <input type="checkbox"/> Social support (awarecdd:HIVPOS.POS03D / Mental health) [1] <input type="checkbox"/> Mental health (awarecdd:HIVPOS.POS03E / Other referral) [1] <input type="checkbox"/> Other (specify): (awarecdd:HIVPOS.POS03RS / Specify other) <input type="text" value="A200"/></p>
5.	4. Was HIV information sheet provided to participant?	<p>(awarecdd:HIVPOS.POS04 / HIV info sheet provided)</p> <p>[0] <input type="radio"/> (awarecdd:HIVPOS.POS04A / Reason no info sheet) No Provide reason: [1] <input type="radio"/> Staff forgot [2] <input type="radio"/> Participant refused [3] <input type="radio"/> Other (specify): (awarecdd:HIVPOS.POS04SP / Specify other) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes</p>
6.	5. Was check-in call/visit scheduled?	<p>(awarecdd:HIVPOS.POS05 / Check in call scheduled)</p> <p>[0] <input type="radio"/> (awarecdd:HIVPOS.POS05A / Reason no check in call) No Provide reason: [1] <input type="radio"/> Participant stated: did not have time; staff will attempt to make check-in call [2] <input type="radio"/> Participant left without notifying staff; staff will attempt to make check-in call [3] <input type="radio"/> Participant refuses check-in call [4] <input type="radio"/> Other (specify): (awarecdd:HIVPOS.POS05SP / Specify other) <input type="text" value="A200"/></p> <p>[1] <input type="radio"/> Yes</p>
7.	6. Was risk reduction counseling provided?	<p>(awarecdd:HIVPOS.POS06 / Risk reduction counseling)</p> <p>[0] <input type="radio"/> (awarecdd:HIVPOS.POS06A / Reason no counseling) No Provide reason: [1] <input type="radio"/> Participant refused to discuss [2] <input type="radio"/> Participant left without notifying staff</p>

		<p>[3] <input type="radio"/> Participant stated: did not have time</p> <p>[4] <input type="radio"/> Other (specify): (awarecdd:HIVPOS.POS06SP / Specify other)</p> <p>A200</p> <p>[1] <input type="radio"/> Yes</p>
8.	7. Were Partner Notification Services provided or referrals made?	<p>(awarecdd:HIVPOS.POS07 / PNS Provided Y/N)</p> <p>[0] <input type="radio"/> (awarecdd:HIVPOS.POS07A / Reason no PNS referral) No Provide reason:</p> <p>[1] <input type="radio"/> Staff will contact participant to provide referrals</p> <p>[2] <input type="radio"/> Participant refuses referrals</p> <p>[3] <input type="radio"/> Not locally available</p> <p>[4] <input type="radio"/> Not legally required</p> <p>[5] <input type="radio"/> Other (specify): (awarecdd:HIVPOS.POS07SP / Specify other)</p> <p>A200</p> <p>[1] <input type="radio"/> Yes</p>
9.*	8. Comments	<p>A200 (awarecdd:HIVPOS.POS08 / HIVPOS COMMENTS)</p>

* Item is not required

Column Name	Column Data Type	Design Note
POS03E	STRING(255)	
POS06	NUMERIC	
POS03RS	STRING(200) - A200	
POS03A	NUMERIC	
POS05A	NUMERIC	
POSADT	DATE - DDMONYYYY	
POS01	STRING(5) - A5	
POS04SP	STRING(200) - A200	
POS03C	STRING(255)	
POS03D	STRING(255)	
POS02	NUMERIC	
POS04A	NUMERIC	
POS02SP	STRING(200) - A200	
POS05SP	STRING(200) - A200	
POS03SP	STRING(200) - A200	
POS05	NUMERIC	
POS06A	NUMERIC	
POS04	NUMERIC	
POS06SP	STRING(200) - A200	
POS03B	STRING(255)	
POS07A	NUMERIC	
POS07SP	STRING(200) - A200	
POS07	NUMERIC	
POS03	NUMERIC	
POS02A	NUMERIC	
POS08	STRING(200) - A200	

aware : 6 Month Introduction (6MI)

.		
1.*	This is the 6 Month Visit. This Visit will only be activated for the Randomized Patients. The following Forms can be found in this visit: VIS, 6MFCS, SMRF, SMRM, SMR2 [read-only]	A200 (awarecdd:MI6.M6101 / MI6 PH)
* Item is not required		

Form Design Note:

Put in the visit where all the forms are dynamic

CDD: awarecdd Table: MI6 Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
M6101	STRING(200) - A200	

aware : Follow-up Visit (VIS)		
1.	1. Staff ID:	A5 (awarecdd:VIS.VIS01 / VISIT STAFF ID)
2.	2. Visit completed?	(awarecdd:VIS.VIS02 / VISIT COMPLETED) [0] <input type="radio"/> No [1] <input type="radio"/> Yes Date of visit: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:VIS.VIS02DT / VISIT DATE)
3.	3. Was 6 Month ACASI completed?	(awarecdd:VIS.VIS03 / ACASI completed) [0] <input type="radio"/> (awarecdd:VIS.VIS03A / Reason ACASI not completed) No Provide primary reason: [1] <input type="radio"/> ACASI never started [2] <input type="radio"/> Participant's decision/changed mind [3] <input type="radio"/> Judgement of STD clinic staff (specify): A200 (awarecdd:VIS.VIS03SP / Specify other) [4] <input type="radio"/> Failed to return to study [5] <input type="radio"/> Unable to complete ACASI in appointed visit schedule [6] <input type="radio"/> Other (specify): A200 (awarecdd:VIS.VIS03RS / Specify other) [1] <input type="radio"/> Yes
4.	4. Has a protocol violation regarding this participant been identified since the participant's last visit?	(awarecdd:VIS.VIS04 / Protocol violation) [0] <input type="radio"/> No [1] <input type="radio"/> Yes Complete Protocol Violation Log
5.*	5. Does staff HIV testing log indicate that participant completed rapid HIV test on-site since randomization? [hidden]	(awarecdd:VIS.VIS05 / Log indicates test complete) [0] <input type="radio"/> No [1] <input type="radio"/> Yes Date test completed: Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:VIS.VIS05DT / MR date test completed) (awarecdd:VIS.VIS05A / Log indicates result recd) Does the staff HIV testing log indicate that the participant received the result of this test? [0] <input type="radio"/> No [1] <input type="radio"/> Yes Date results received Req [v] / Req [v] / Req [v] (2010-2013) (awarecdd:VIS.VIS05ADT / MR Date results recd) If Yes: STOP here, form complete
6.*	5. Comments	A200 (awarecdd:VIS.VIS06 / 6MO VIS COMMENT)
* Item is not required		

Column Name	Column Data Type	Design Note
VIS06	STRING(200) - A200	
VIS05ADT	DATE - DDMONYYYY	
VIS01	STRING(5) - A5	
VIS05A	NUMERIC	
VIS03A	NUMERIC	
VIS03RS	STRING(200) - A200	
VIS05DT	DATE - DDMONYYYY	
VIS02DT	DATE - DDMONYYYY	
VIS03SP	STRING(200) - A200	
VIS04	NUMERIC	

VIS02	NUMERIC	
VIS05	NUMERIC	
VIS03	NUMERIC	

aware : Visit 6 Month FCS (6MFCS)		
Forms Completion Status		
Please complete each form		
1.	1 Labs For Females	Pulldown List 1 <input type="button" value="v"/> (awarecdd:MFC6.SMC01 / M6 FCS LAB FEM)
2.	2 Labs For Males	Pulldown List 2 <input type="button" value="v"/> (awarecdd:MFC6.SMC02 / M6 FCS LAB MALE)
3.	3 Labs Abstractions Page 2	Pulldown List 3 <input type="button" value="v"/> (awarecdd:MFC6.SMC03 / M6 FCS LAB PAGE2)

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieCOMPSTA	0 CRF Completed	0	
ieCOMPSTB	1 Patient Unavailable	1	
ieCOMPSTC	2 Data Collection Error	2	
ieCOMPST	3 Patient Unable/Unwilling To Answer	3	
ieCOMPSTE	9 Not Applicable	9	

CDD: awarecdd Table: MFC6 Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
SMC01	NUMERIC - 0, 1, 2, 3, 9	
SMC02	NUMERIC - 0, 1, 2, 3, 9	
SMC03	NUMERIC - 0, 1, 2, 3, 9	

CRB Electronic Signature Affidavit

By my dated signature below, I, [**First Name**] [**Last Name**], verify that all case report form pages accurately display the results of the examinations, tests, evaluations and treatments performed on this patient.

Pursuant to Section 11.100 of Title 21 of the Code of Federal Regulations, this is to certify that I intend that this electronic signature is to be the legally binding equivalent of my handwritten signature.

To this I do attest by supplying my user name and password and clicking the button marked **Submit** below.

CRF Electronic Signature Affidavit

By my dated signature below, I, [**First Name**] [**Last Name**], verify that this case report form accurately displays the results of the examinations, tests, evaluations and treatments noted within.

Pursuant to Section 11.100 of Title 21 of the Code of Federal Regulations, this is to certify that I intend that this electronic signature is to be the legally binding equivalent of my handwritten signature.

To this I do attest by supplying my user name and password and clicking the button marked **Submit** below.