

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095)

DM-1 (001)

Demographics

Participant ID

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

Form Completion Date

dd		MMM			yy	

1. What is your date of birth? **OR** Age: years (estimate OK)

dd *MMM* *yy*

male female

2. What is your sex?

Items 3 and 4 for Philadelphia site only. Thailand site go to item 5.

3. Do you consider yourself to be Latino/a or of Hispanic origin?

yes *no*

4. What is your race? *Mark all that apply.*

- White
- Black/African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- other, specify: _____

Item 5 for Thailand site only. Philadelphia site go to item 6.

5. What is your ethnicity? *Mark all that apply.*

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Thai | <input type="checkbox"/> Yao |
| <input type="checkbox"/> Karen | <input type="checkbox"/> Lisu |
| <input type="checkbox"/> Tai Yai | <input type="checkbox"/> Lahu |
| <input type="checkbox"/> Akha | <input type="checkbox"/> Lua |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> other, specify: _____ |

SAMPLE *DO NOT FAX*
TO DATAFAX



HPTN 037 IDU Networks (095)

SD-1 (006)

Screening Data Cover

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Site Number			Participant Number				Chk	Network ID			Member	

1. **This participant was never enrolled in HPTN 037.**

2. CRFs included:

- DM-1 – DM-2
- IS-1
- MS-1
- SS-1
- RA-1 – RA-7
- NS-1
- NN-1

Comments: _____

01-FEB-07

Language

Staff Initials / Date

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095)

IS-1 (011)

Participant ID

0 0 0 - [] [] [] [] [] - [] [] [] [] [] - [] []

Site Number Participant Number Chk Network ID Member

Index Screening Assessment

Form Completion Date

[] [] [] [] [] [] [] []

dd MMM yy

Recruitment Location [] [] []

1. Are you at least 18 years of age?

yes no

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

yes no

**If no to either,
participant is
ineligible.**

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

[] [] []

**If < 12, participant
is ineligible.**

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

[] []

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

[] []

5. How many of these people that you do drugs with or have sex with are you willing to bring in to join this study?.....

[] []

**If < 2, participant
is ineligible.**

6. Have you ever been in methadone maintenance treatment?

yes no

If no, go to item 7.

6a. Have you been out of methadone maintenance treatment for at least 3 months?.....

yes no

**If no, participant
is ineligible.**

7. Are you currently a participant in any other HIV prevention research study or have you been in another HIV prevention study in the last 6 months?

yes no

**If yes, participant
is ineligible.**

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095)

MS-1 (021)

Member Screening Assessment

Participant ID

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

Form Completion Date

dd		MMM			yy	

1. Are you at least 18 years of age?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

If no, participant is ineligible.

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

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

--	--	--

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

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

--	--	--

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

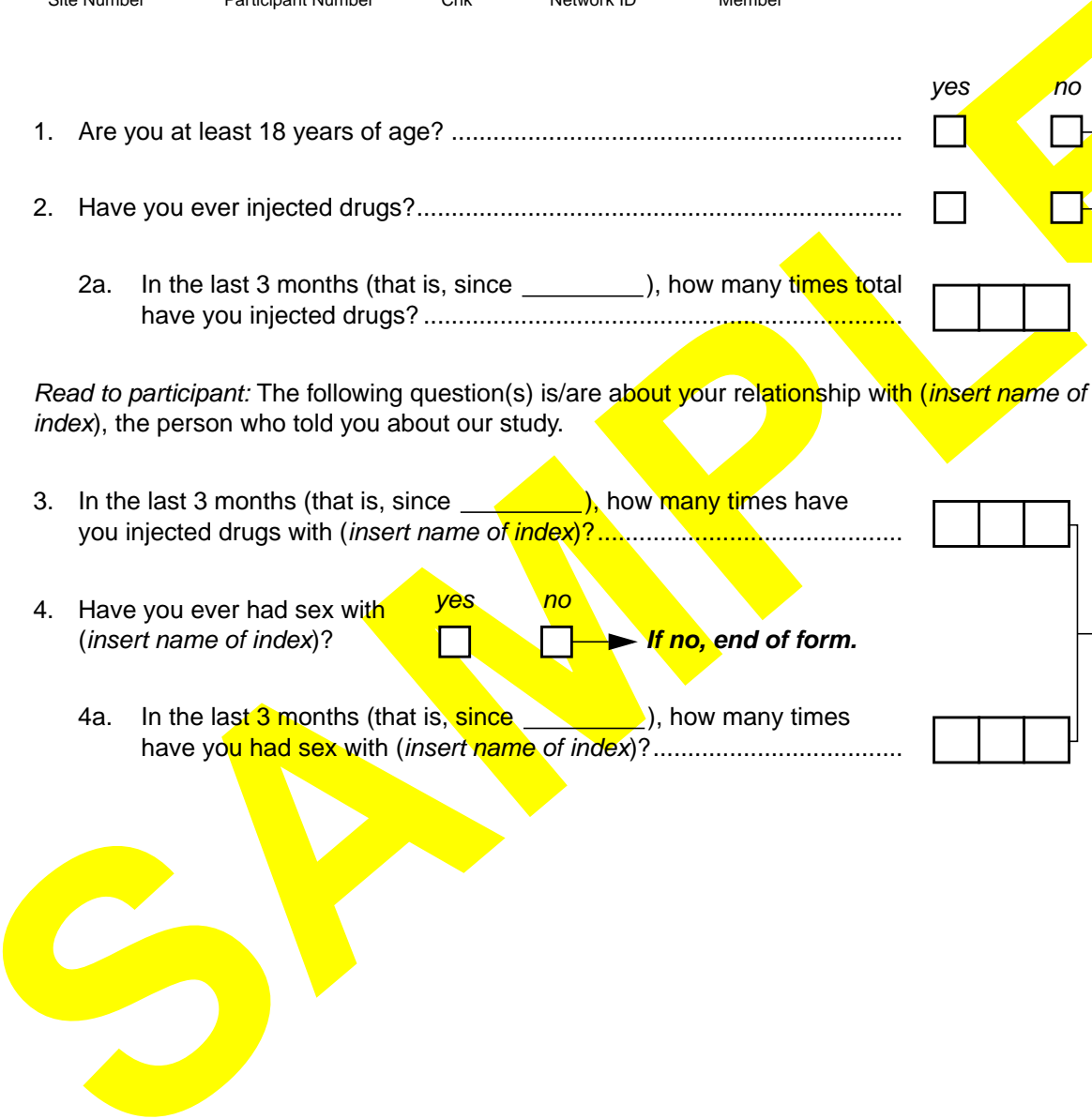
yes	no
<input type="checkbox"/>	<input type="checkbox"/>

If no, end of form.

If 0 or not completed for both, participant is ineligible.

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

--	--	--



**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095)

IC-1 (013)

Participant ID

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

Index Eligibility Checklist

Form Completion Date

dd		MMM			yy	

Inclusion

- Is the participant of legal age to provide written informed consent for research?
See item 1, DM-1. **yes** **no**
 - Did the participant provide written informed consent for screening and study participation? **yes** **no**
 - 2a. Date screening consent signed: **dd** **MMM** **yy**
 - 2b. Date study consent signed:
 - Does the participant report having injected drugs at least 12 times in the last 3 months? *See item 2a, IS-1.* **yes** **no**
 - Has the participant been out of methadone maintenance treatment for at least 3 months and relapsed? *See items 2 and 6, IS-1.* **yes** **no**
 - Is the participant HIV-seronegative by licensed ELISA? **yes** **no**
 - Did the participant identify and attempt to recruit at least two HIV risk network members who are eligible for study participation? **yes** **no**
 - Did the participant recruit at least one HIV risk network member who is eligible for study participation? **yes** **no**
- If no to any, participant is ineligible.**
- If no to any, participant is ineligible.**

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095)

MC-1 (022)

Participant ID

0 0 0 - [] [] [] [] - [] [] [] [] - [] []

Site Number Participant Number Chk Network ID Member

Member Eligibility Checklist

Form Completion Date

[] [] [] [] [] [] [] []

dd MMM yy

Inclusion

1. Is the participant of legal age to provide written informed consent for research?
See item 1, DM-1. **yes** **no**
2. Has the participant been recruited for the study by an eligible index participant? **yes** **no**
3. Does the participant report having injected drugs with and/or having had sex with the relevant index participant within 3 months prior to screening? *See items 3 and 4, MS-1.* **yes** **no**
4. Did the participant provide written informed consent for study participation? **yes** **no**

4a. Date study consent signed:

[] [] [] [] [] [] [] []

dd MMM yy

If no to any, participant is ineligible.

Exclusion

5. Does the participant have any obvious psychological disturbance or cognitive impairments that would limit his or her ability to understand study procedures (as determined by clinic staff)? **yes** **no**
6. Does the participant have, in the opinion of the investigator, any other condition that would make participation in the study unsafe or otherwise interfere with study objectives? **yes** **no**
7. Is the participant enrolled as a network member or index participant in another HPTN 037 study network? **yes** **no**

If yes to any, participant is ineligible.

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095)

RE-1 (101)

Participant ID

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

Randomization/Enrollment

Form Completion Date

dd		MMM			yy	

1. Is the participant eligible for the study based on the Eligibility Checklist (IC-1 or MC-1)?
2. Was the initial date of HIV specimen collection within 60 days prior to randomization? See *item 1, SS-1*.
3. Was the index participant randomized?

yes	no	
<input type="checkbox"/>	<input type="checkbox"/>	
		N/A, HIV-positive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	

If no to any, end of form.

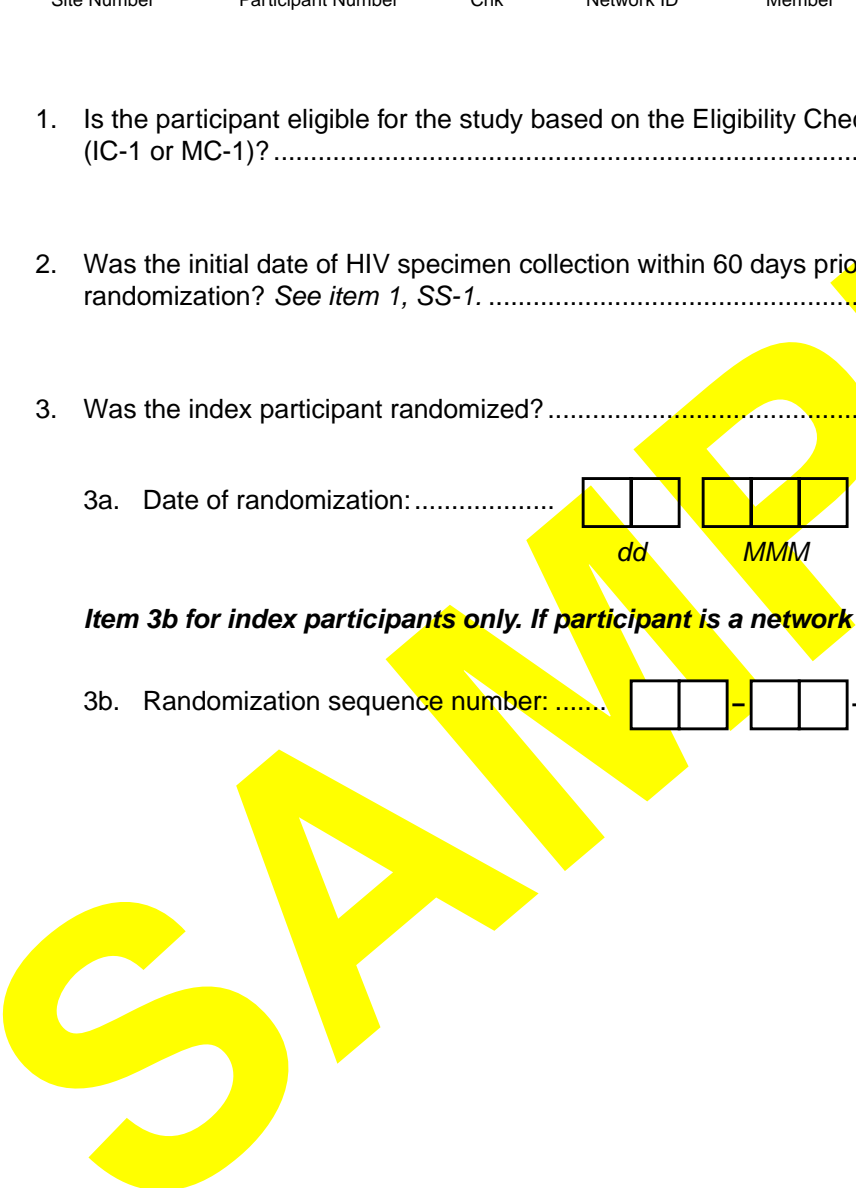
3a. Date of randomization:

dd		MMM			yy		

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

3b. Randomization sequence number:

		-			-		
--	--	---	--	--	---	--	--



SAMPLE: DO NOT FAX TO DATAFAX



Visit Code [] []

1

HPTN 037 IDU Networks (095)

RA-1 (121)

Participant ID

0 0 0 - [] [] [] [] [] - []

Risk Assessment

[] [] [] [] - [] []

Form Completion Date

[] [] [] [] [] [] [] []

HOUSING

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

- 1. In the last 6 months, did you spend time in jail or prison? ... 1a. How many days total did you spend in these places? ... 2. In the last 6 months, did you spend time in residential or inpatient treatment? ... 2a. How many days total did you spend in these places? ... 3. In the last 6 months, did you live on the street, in a car, in a park, or in an abandoned building? ...

ALCOHOL USE

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

- 4. Using this card, tell me, on average, how often do you have a drink? Show Card #1. never, less than once per week, 1-2 days per week, 3-4 days per week, 5-6 days per week, every day ... 5. On days that you drink, how many drinks do you usually have? ... 6. When you drink alcohol, how often do you drink enough to get drunk or stay drunk? Show Card #2. always/almost always, more than half the time, about half the time, less than half the time, rarely or never ...

**SAMPLE: DO NOT
FAX TO DATAFAX**



Visit Code

1

HPTN 037 IDU Networks (095)

RA-2 (122)

Risk Assessment

Participant ID

0	0	0	-					-						-			
Site Number			Participant Number				Chk	Network ID				Member		Do not use at follow-up visits			

NON-INJECTION DRUG USE

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

7. In the last month did you...

	yes	no	
7a. smoke crack or rock cocaine?	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/> <i>If yes, how many days in the last month?</i>
7b. snort or sniff cocaine?	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>
7c. snort or take amphetamines such as speed or crystal?	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>
7d. smoke amphetamines?	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>
7e. smoke, snort, or take heroin, opium, or other opiates?	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>
7f. take (eat or pop) benzodiazepenes, downers, or sedatives (such as Valium, Dalmane, Xanax, or Rohypnol)?	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="text"/> <input type="text"/>

8. In the last 6 months, did you participate in any type of drug treatment program, drug counseling, or drug detoxification?

yes no

If no, go to introduction before item 9 on page 3.

8a. What types of treatment did you receive? *Mark all that apply.*

- inpatient or residential treatment/therapeutic community
- outpatient or drug-free treatment
- methadone maintenance → 8a1. How many weeks on methadone?
- recovery house
- detoxification
- Narcotics Anonymous, Cocaine Anonymous, or Alcoholics Anonymous
- religious program, specify: _____
- herbal program, specify: _____
- other, specify: _____

of weeks

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code [] []

1

HPTN 037 IDU Networks (095)

RA-3 (123)

Risk Assessment

Participant ID

Participant ID form with fields for Site Number, Participant Number, Chk, Network ID, and Member.

INJECTION DRUG USE

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

- 9. In the last 6 months, did you use a needle to inject any drugs under your skin or into a vein?
9a. Did you do this in the last month?
10. In the last month, did you inject...
10a. heroin by itself?
10b. cocaine by itself?
10c. heroin mixed with cocaine (speedball)?
10d. heroin mixed with amphetamines?
10e. amphetamines?
10f. other, specify:
11. In the last month, on how many days did you inject?
12. On days that you inject, how many times a day do you usually inject?
13. In the last month, how many times did you...
13a. use rinse water that others had used?
13b. use a cooker that others had used?
13c. use cotton that others had used?
13d. inject drugs that were frontloaded or backloaded into the syringe or needle that you used?
13e. use a needle that others had discarded?

If no, go to item 27 on page 7.
If no, go to item 25 on page 6.

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code [] []

1

HPTN 037 IDU Networks (095)

RA-4 (124)

Risk Assessment

Participant ID

Participant ID form with fields for Site Number (000), Participant Number, Chk, Network ID, and Member. Includes instruction: Do not use at follow-up visits

14. In the last month, did you ever even once pass on a needle or syringe to someone else after you used it? ... yes no If no, go to item 15.

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

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

15. In the last month, did you ever even once use a needle or syringe after someone else used it? ... yes no If no, go to item 17.

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

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

16. In the last month, did you ever use a needle or syringe after someone that you know is HIV-positive used it? ... yes no don't know

17. In the last month, did you ever inject drugs with others in a shooting gallery, in an abandoned building, in a car, or in a public park or public restroom? ... yes no

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

18a. by yourself? ...

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

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

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

19a. needle exchange? ...

19b. drugstore/pharmacy? ...

19c. needle seller? ...

19d. diabetic? ...

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code [] []

1

HPTN 037 IDU Networks (095)

RA-5 (125)

Risk Assessment

Participant ID

Participant ID form with fields for Site Number (000), Participant Number, Chk, Network ID, and Member. Includes instruction: Do not use at follow-up visits

- 20. In the last month, did you ever clean your needle either before or after injecting?
20a. In a typical week, how often do you clean your needle before injecting?
20b. In a typical week, how often do you clean your needle after injecting?
21. In a typical week, how often do you clean your needle...
21a. with bleach?
21b. with alcohol?
21c. with water?
21d. other, specify:
22. I'm going to read you a list of places where you may have disposed of your used needles.
22a. at a needle exchange?
22b. in the trash?
22c. in a toilet?
22d. on the street or in a park or building or other public place?

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code [] []

1

HPTN 037 IDU Networks (095)

RA-6 (126)

Risk Assessment

Participant ID

Participant ID form with boxes for Site Number (000), Participant Number, Chk, Network ID, and Member. Includes instruction: Do not use at follow-up visits

22. Needle disposal, continued

Response options for 22: always/almost always, more than half the time, about half the time, less than half the time, rarely or never. Includes questions 22e and 22f.

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

Response options for 23: always/almost always, more than half the time, about half the time, less than half the time, rarely or never.

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

Response options for 24: always/almost always, more than half the time, about half the time, less than half the time, rarely or never.

25. The last time you injected, did you...

Response options for 25: yes, no. Includes questions 25a, 25b, 25c, and 25d.

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

Days input boxes

**SAMPLE: DO NOT
FAX TO DATAFAX**



Visit Code

HPTN 037 IDU Networks (095)

RA-7 (127)

Participant ID

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number			Participant Number				Chk	

Risk Assessment

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Network ID				Member	
Do not use at follow-up visits					

SEXUAL BEHAVIOR QUESTIONS

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

27. In the last month, did you have vaginal or anal sex? yes no **→ If no, end of form.**
28. In the last month, how many different female sex partners did you have?
29. In the last month, how many different male sex partners did you have?
30. Do you have a primary sex partner such as a husband/wife or boyfriend/girlfriend? yes no **→ If no, go to item 32.**
31. In the last week, how many times did you have vaginal or anal sex with your primary sex partner? **→ If 0, go to item 32.**
- 31a. How many of these times did you (or your partner) use a condom?
32. In the last week, how many times did you have vaginal or anal sex with someone other than a primary sex partner? **→ If 0, go to item 33.**
- 32a. How many of these times did you (or your partner) use a condom?
33. In the last month, how many sex partners did you give money or drugs to in exchange for sex?
34. In the last month, how many sex partners gave you money or drugs in exchange for sex?

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code

HPTN 037 IDU Networks (095)

NS-1 (131)

Participant ID

0	0	0					
Site Number			Participant Number				Chk

Network Summary

Network ID				Member	
Do not use at follow-up visits					

Form Completion Date

dd		MMM			yy		

Instructions: Complete this form by totaling or summarizing items on the Network Inventory grid. Follow instructions listed in each item.

- Total number of names listed (total size of network enumerated):
- Total number of **1s** in column 6 (size of sex network):
- Total number of **0s** in column 7 (number who had sex with index without a condom):
- Total number of **1s** in column 8 (size of drug network):
- Total known for 6 months or less as indicated in columns 16, 17, and 18 (number of new network members):
- Total of **1s, 2s, or 3s** in column 19 (number of network members seen once per week or more):
- Total number of **0s** in column 27 (number in drug network with whom index does not share drugs):
- Total number of **0s** in column 29 (number in drug network with whom index does not share needles):
- Total number of **1s** in column 30 (number who index talked to about drug risk):
- Total number of **1s** in column 31 (number who index talked to about sex risk):
- Total number of **1s** on density sheet (number of inter-relationships reported among network members enumerated):
- Item 12 only at Screening.**
- Number of network member cards distributed (only at Screening):

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code [] []

1

HPTN 037 IDU Networks (095)

NN-1 (141)

Participant ID

0 0 0 - [] [] [] [] [] - []

Network Norms

[] [] [] [] [] - [] []

Form Completion Date

[] [] [] [] [] [] [] []

Read to participant: These questions ask about your perception of, or what you think about, the people that you know or hang out with. Show Card #5.

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

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code

HPTN 037 IDU Networks (095)

LL-1 (151)

Participant ID

--
Site Number Participant Number Chk

Follow-up Local Lab Results

SAMPLE 1

Not Done/
Not Collected

Specimen Collection Date

dd MMM yy

1. HIV EIA *negative* *positive* *indeterminate*
If negative, end of form. ←

2. Western Blot/IFA *negative* *positive* *indeterminate*
If negative, end of form. ←

SAMPLE 2

Not Done/
Not Collected

Specimen Collection Date

dd MMM yy

3. Western Blot/IFA *negative* *positive* *indeterminate*
If negative or positive, end of form. ←

SAMPLE 3

Not Done/
Not Collected

Specimen Collection Date

dd MMM yy

4. Western Blot/IFA *negative* *positive* *indeterminate*
If negative or positive, end of form. ←

Comments: _____

**SAMPLE: DO NOT
FAX TO DATAFAX**



Visit Code

HPTN 037 IDU Networks (095) EXT-1 (165)

Participant ID

- -

Site Number Participant Number Chk

**Exposure/Contamination
Assessment—Thai**

Form Completion Date

dd MMM yy

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

1. In the last 6 months, have you talked to anyone you know, or have they talked to you, about how people can protect themselves from HIV infection? yes no **→ If no, go to item 2.**
- 1a. How many different people did you talk with?.....
- 1b. How many different conversations did you have?
- 1c. Looking at this card, which of these things did you talk about in any of the conversations that you had? *Show Card #6. Mark all that apply.*
- | | |
|--|--|
| <input type="checkbox"/> needle exchange | <input type="checkbox"/> asking your sex partners about HIV status |
| <input type="checkbox"/> using a condom | <input type="checkbox"/> asking your drug partners about HIV status |
| <input type="checkbox"/> cleaning needles | <input type="checkbox"/> how to use a female condom |
| <input type="checkbox"/> safer sex | <input type="checkbox"/> keeping your own works |
| <input type="checkbox"/> not sharing needles | <input type="checkbox"/> none → If none, mark only this response. |

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

- | | |
|---|--|
| <input type="checkbox"/> peer monitoring | <input type="checkbox"/> share the portion of heroin powder |
| <input type="checkbox"/> 6 communication skills (for peer monitoring) | <input type="checkbox"/> 5 communication skills (for peer monitoring) |
| <input type="checkbox"/> injection risk ladder | <input type="checkbox"/> harm reduction |
| <input type="checkbox"/> EXPLORE | <input type="checkbox"/> Project FAST |
| <input type="checkbox"/> PSI | <input type="checkbox"/> SCHARP Data Collecting and Analysis Center |
| <input type="checkbox"/> ribbon game | <input type="checkbox"/> sex risk ladder |
| <input type="checkbox"/> matrix program | <input type="checkbox"/> time out role play |
| <input type="checkbox"/> cleaning 1 x 1 x 1
(1 x water, 1 x Heiter, 1 x water) | <input type="checkbox"/> none → If none, mark only this response. |

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code [] []

1

HPTN 037 IDU Networks (095)

SIA-1 (171)

Participant ID

0 0 0 - [] [] [] [] - []
Site Number Participant Number Chk

Social Impact Assessment

Contact Date

[] [] [] [] [] []
dd MMM yy

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

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

2. Because of your participation in this study, have you... If yes, how many times?

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

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

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

3a. If yes, please describe: Summarize participant's response. [] [] [] []

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095) SIL-1 (181)

Participant ID

- -
Site Number Participant Number Chk

Social Impact Log

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

1. Concisely describe social impact:

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

6a. Participant: _____

2. Onset Date:

dd *MMM* *yy*

6b. Staff: _____

3. Reported at Visit:

.

4. Social Impact Code:

Social Impact Codes:	
01 Police/Legal Problems	04 Health Care/Insurance
02 Housing	05 Friends/Family
03 Employment	06 Other

Ask Participant:

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

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

7. Record current status:

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

If either is marked, enter closure date: *dd* *MMM* *yy*

Reviewed by Investigator: _____
Principal Investigator (or designee) Signature Date

**SAMPLE: DO NOT
FAX TO DATAFAX**



Visit Code

HPTN 037 IDU Networks (095)

PV-1 (191)

Participant ID

Post-test Visit

Form Completion Date

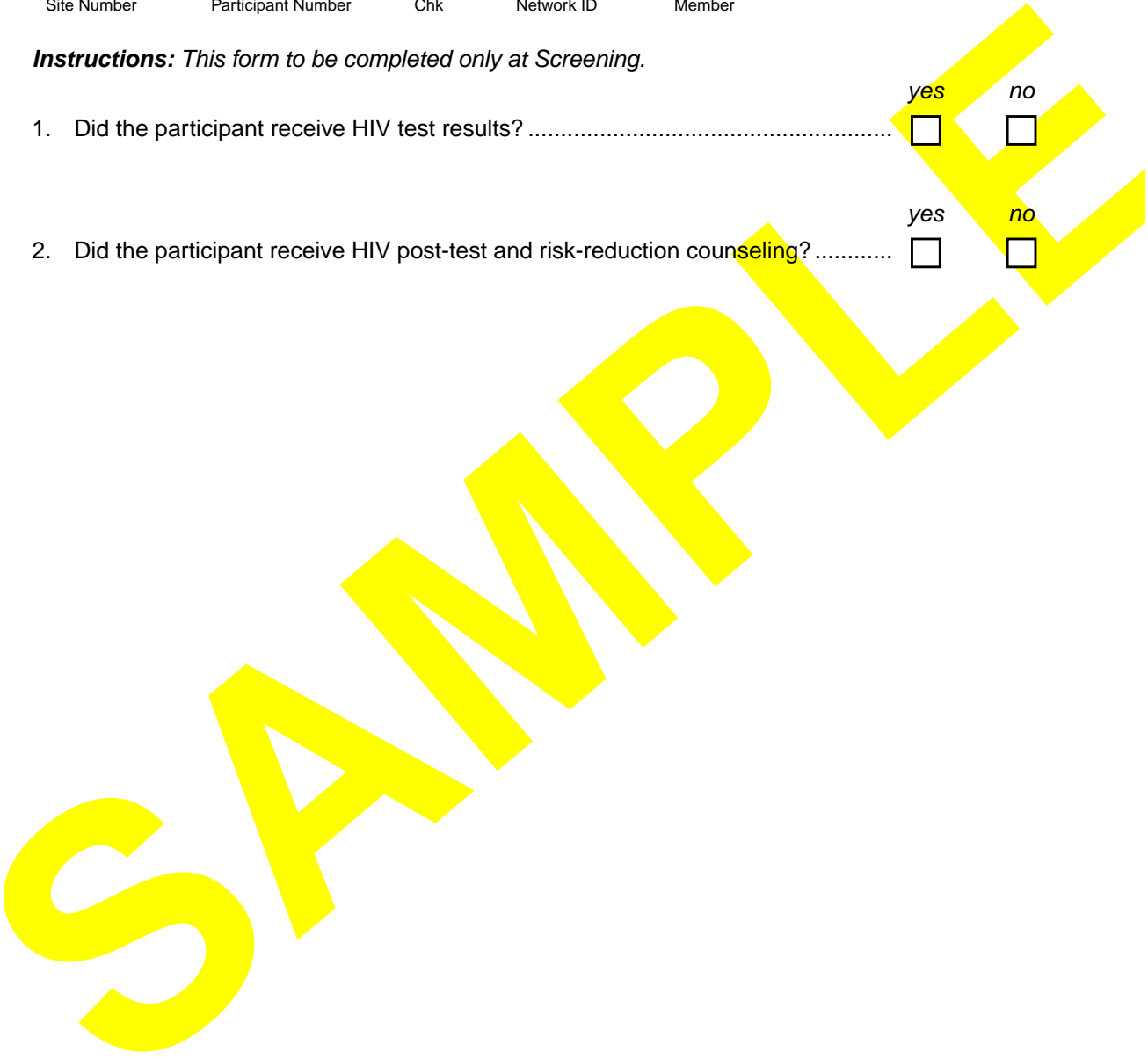
- - -

Site Number Participant Number Chk Network ID Member

dd *MMM* *yy*

Instructions: This form to be completed only at Screening.

- Did the participant receive HIV test results? *yes* *no*
- Did the participant receive HIV post-test and risk-reduction counseling? *yes* *no*



**SAMPLE: DO NOT
FAX TO DATAFAX**



Visit Code

HPTN 037 IDU Networks (095)

IV-1 (350)

Participant ID

- -

Site Number Participant Number Chk

Interim Visit

Visit Date

dd MMM yy

1. What is the reason for this interim visit? *Mark all that apply.*

participant missed or will miss a regularly scheduled follow-up visit, and is outside of any visit window

▶ 1a. This interim visit replaces:

early visit for regularly scheduled visit:

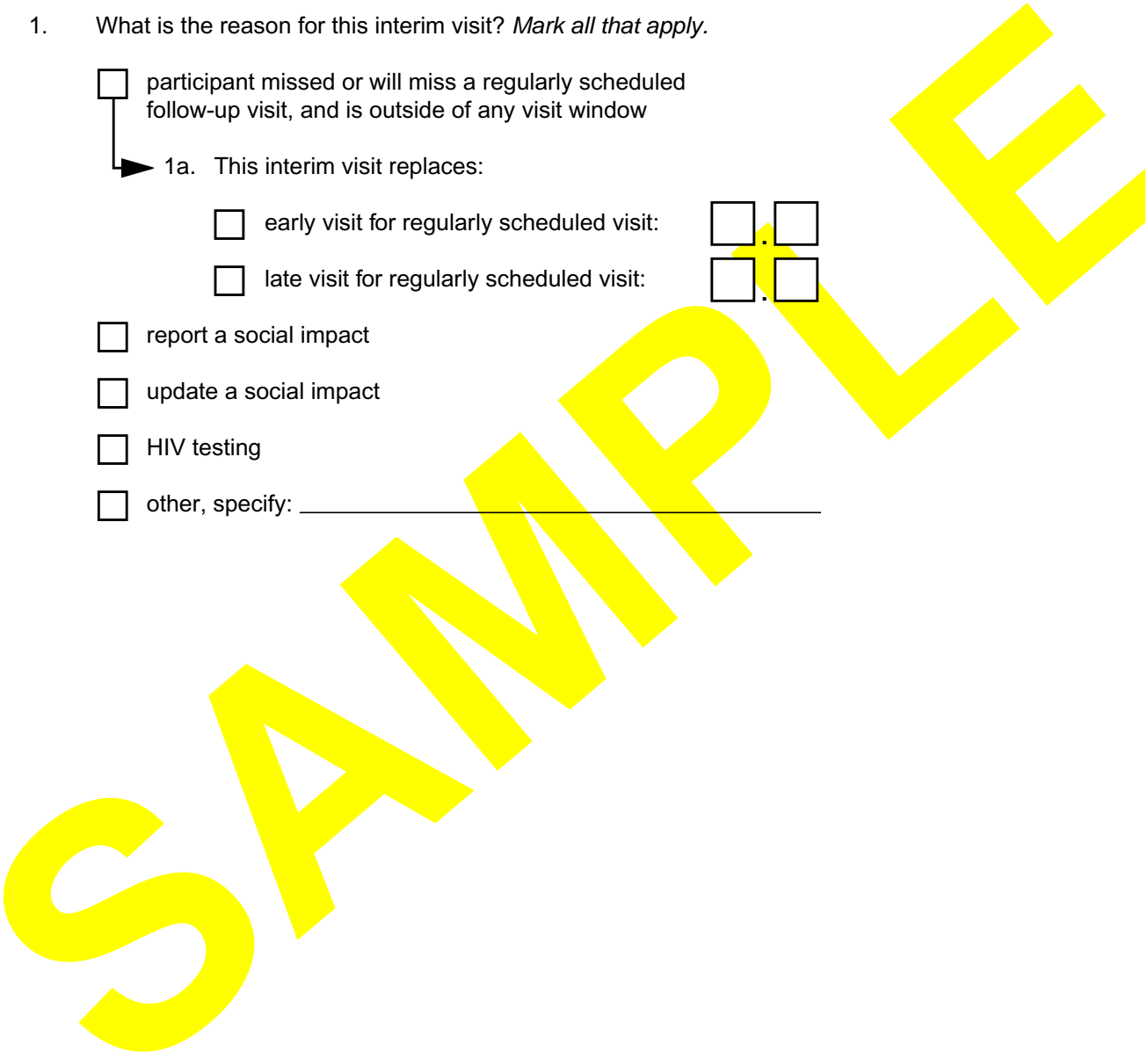
late visit for regularly scheduled visit:

report a social impact

update a social impact

HIV testing

other, specify: _____



Comments: _____

SAMPLE: DO NOT FAX TO DATAFAX



Visit Code

2	0
---	---

HPTN 037 IDU Networks (095)

IPT-1 (451)

Participant ID

0	0	0								
Site Number			Participant Number						Chk	

Intervention Cohort Participant Transfer

Form Completion Date

<i>dd</i>		<i>MMM</i>			<i>yy</i>	

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

1. Group ID of transferring cohort:

Site Number			Group				

2. Group ID of receiving cohort:
(add to this group)

Site Number			Group				

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

- incarceration
- hospitalization/illness
- transportation difficulties
- scheduling problem, specify: _____
- other, specify: _____
- unknown

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095)

PIL-1 (487)

Participant ID

- -
Site Number Participant Number Chk

**Participant Incident Log –
For Internal Use Only**

Subject: Mark all that apply.

- forms
- protocol
- data
- lab
- enrollment
- randomization
- other, specify: _____

Form Completion Date: ^{dd} ^{MMM} ^{yy}

SC Staff Name: _____

Source of Information: _____

If applicable:

Plate #:

Visit:

Event and resolution details:

11-JUL-03

**SAMPLE: DO NOT
FAX TO DATAFAX**



HPTN 037 IDU Networks (095)

ESI-1 (489)

Participant ID

- -

Site Number

Participant Number

Chk

End of Study Inventory

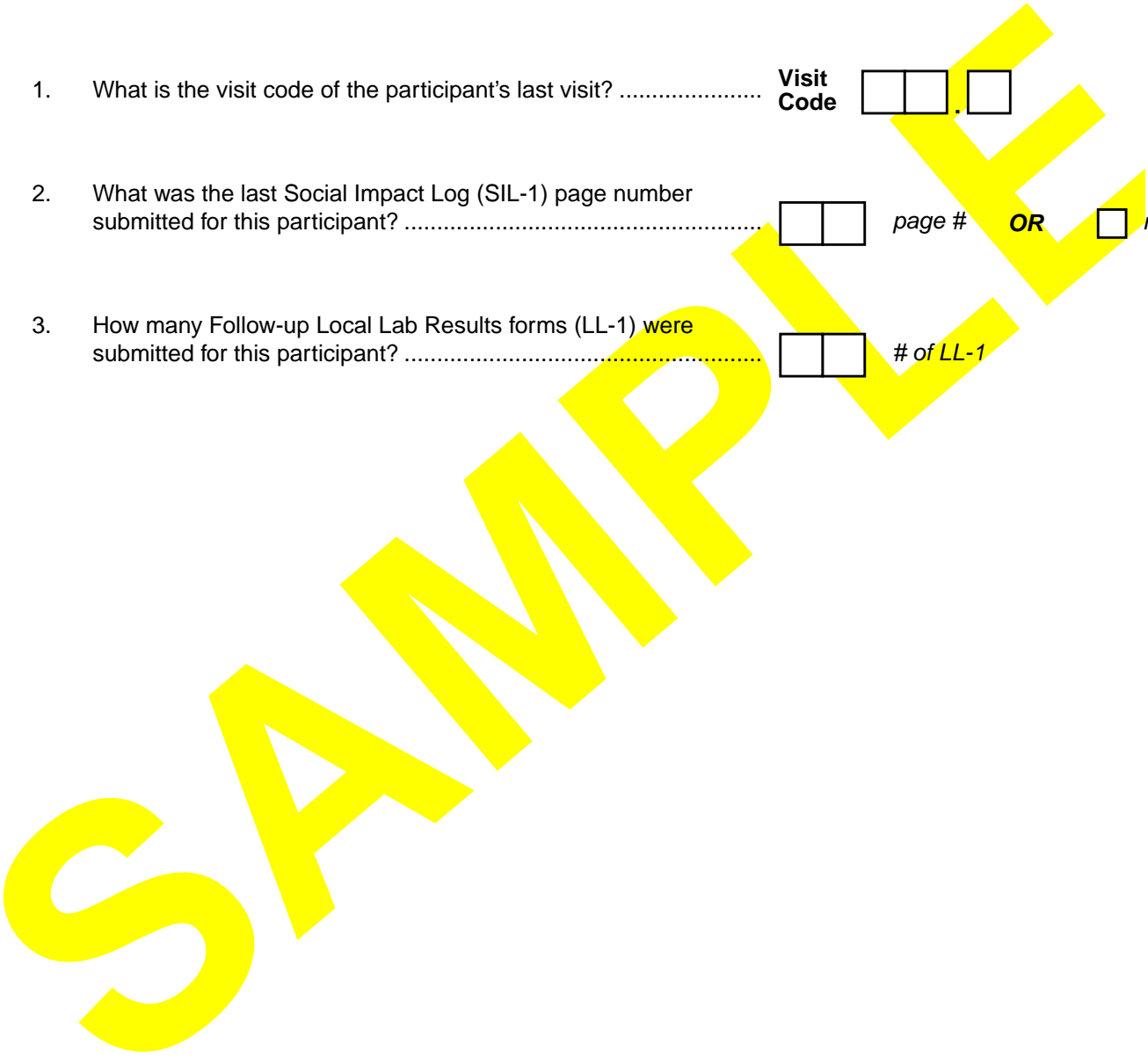
Form Completion Date

dd

MMM

yy

1. What is the visit code of the participant's last visit? **Visit Code**
2. What was the last Social Impact Log (SIL-1) page number submitted for this participant? page # **OR** none
3. How many Follow-up Local Lab Results forms (LL-1) were submitted for this participant? # of LL-1



SAMPLE: DO NOT FAX TO DATAFAX



HPTN 037 IDU Networks (095)

TM-1 (490)

Participant ID

000- - - Termination

Form Completion Date

dd MMM yy

Instructions: Complete this form when a participant terminates from the study.

1. Termination Date: dd MMM yy

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

2. Reason for termination. Mark only one.

2a. Scheduled exit visit/End of study. If scheduled exit visit/end of study, end of form.

2b. Death. Indicate date and cause if known.

2b1. Date of death dd MMM yy OR Date unknown

2b2. Cause of death: OR Cause unknown

2c. Participant refused further participation. Specify reason in Comments field.

2d. Participant unable to adhere to visit schedule.

2e. Participant relocated, no follow-up planned.

2f. Investigator decision, please specify:

2g. Unable to contact participant.

2h. HIV infection.

2i. Inappropriate enrollment.

2j. Invalid ID due to duplicate screening/enrollment.

2k. Other reason, please specify:

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

3a. Social Impact Log pages: page # page # page #

If no or don't know, end of form.

Comments: