

**Study to Assess Hepatitis Risk**

Attachment 3

Eligibility Screener

## STAHR Screener

Screening ID: \_\_\_\_\_  
(This number will be generated by QDS)

Staff ID: \_\_\_\_\_

Date of screening data collected: (mm/dd/yyyy) \_\_\_\_\_

To begin, may I ask you some questions to determine if you are eligible for the STAHR study?

1. Have you ever been screened for this study before?

- Yes
- No
- Don't Know
- Refuse to answer

**DO NOT READ:** If yes, why are they being screened again?

- Never been screened before
- Screened, not eligible at that time
- Screened, eligible, missed baseline appointment
- Don't Know

2. How did you hear about the study? (**Check all that apply**)

- a-  Recruitment Coupon
- b-  Needle Exchange/ (specify location: )\_\_\_\_\_
- c-  STD Clinic/ (specify location)\_\_\_\_\_
- d- From a Relative/Friend/Acquaintance
- e- Flyer/poster
- f- Drug Treatment Program/ Name: \_\_\_\_\_
- g- Outreach Worker
- h- Other study/ Name of other study: \_\_\_\_\_
- i- Other /Place: \_\_\_\_\_
- Don't Know
- Refuse to answer

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3. Is this the first time you are participating in the STAHR study?

- Yes
- No
- Don't Know
- Refuse to answer

4. Are you taking part in any other studies? (Only indicate “yes” if respondent is taking part in other HIV or hepatitis C longitudinal studies at this time.)

- Yes
- No (**Skip to 4**)
- Don't Know (**Skip to 4**)
- Refuse to answer (**Skip to 4**)

3a. What is the name of study you are *currently* taking part in?

- 
- Don't Know
  - Refuse to Answer

4. Have you seen one of our flyers? [**Hand them a flyer to read**]

- No
- Yes
- Don't Know
- Refuse to Answer

5. Did a staff person (outreach worker) from our project talk to you about the study or hand you a flyer?

- No (**Skip to 7**)
- Yes
- Don't Know(**Skip to 7**)
- Refuse to Answer (**Skip to 7**)

6. What cross streets were you near at the time you heard of the study or saw a flyer?

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7. Do you currently live in San Diego?

- No
- Yes
- Don't Know
- Refuse to Answer

8. Have you ever snorted cocaine, speed, meth or heroin?

- No (**Skip to 9**)
- Yes
- Don't Know (**Skip to 9**)
- Refuse to Answer (**Skip to 9**)

7a. How old were you when you first started snorting?

- 
- Don't Know
  - Refuse to Answer

7b. What year was that?

- Year \_\_\_\_\_
- Don't Know
  - Refuse to Answer

9. Have you ever participated in a drug treatment program (i.e. NA or other twelve step programs, VA, or Stepping Stone)?

- No (**Skip to 10**)
- Yes
- Don't Know (**Skip to 10**)
- Refuse to Answer (**Skip to 10**)

9a. How old were you when you started the drug treatment program? \_\_\_\_\_

- Don't Know
- Refuse to Answer

9b. What year was that? \_\_\_\_\_

- Don't Know
- Refuse to Answer

10. What is your full birth date?

Year: \_\_\_\_\_  
 Month: \_\_\_\_\_  
 Day: \_\_\_\_\_

- Don't Know
- Refuse to Answer

**DO NOT READ:** Was this person's birth date verified by picture ID?

- Yes – positive ID
- No – Questionable ID
- No

11. Let's see, that makes you how old? \_\_\_\_\_

- Don't Know
- Refuse to Answer

12. I'm sorry, what year did you say you were born?

- Don't Know
- Refuse to Answer

13. Have you ever injected drugs not prescribed to you by your doctor?

- No (**Skip to 14**)
- Yes
- Don't Know(**Skip to 14**)
- Refuse to Answer(**Skip to 14**)

13a. How old were you the first time you injected? \_\_\_\_\_

- Don't Know
- Refuse to Answer

13b. When did you last inject?

Year: \_\_\_\_\_  
Month: \_\_\_\_\_

- Don't Know
- Refuse to Answer

**DO NOT READ:** Did this person inject in the last 6 month?

- Yes
- No

14. Have you ever used a needle exchange?

- |   |   |
|---|---|
| <input type="checkbox"/> No ( <b>Skip to 15</b> ) | <input type="checkbox"/> Don't Know ( <b>Skip to 15</b> )       |
| <input type="checkbox"/> Yes                      | <input type="checkbox"/> Refuse to Answer ( <b>Skip to 15</b> ) |

14a. How many needle exchanges have you used?

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> One   | <input type="checkbox"/> More than three  |
| <input type="checkbox"/> Two   | <input type="checkbox"/> Don't Know       |
| <input type="checkbox"/> Three | <input type="checkbox"/> Refuse to Answer |

15. Are you currently in school?

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> | <ul style="list-style-type: none"><li>• Don't Know</li><li>• Refuse to Answer</li></ul> |
|--|---|

16. Do you have a high school diploma or equivalency?

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> | <ul style="list-style-type: none"><li>• Don't Know</li><li>• Refuse to Answer</li></ul> |
|--|---|

17. What part of town do you live in or stay in?

- 
- Don't Know
  - Refuse to Answer

18. What race do you consider yourself to be? (**Check all that apply**)

- Asian
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Hispanic
- Refuse to Answer

19. What is your sex? Or what sex do you consider yourself to be?

- Male
- Female
- Transgender
- Refuse to Answer

20. As part of this study, you'll be asked to have a small amount (about 1.5 tablespoons) of blood drawn for hepatitis C testing. Would you be willing to have this blood drawn and tested?

- Yes
- No
- Don't Know
- Refuse to Answer

Can you please wait a moment while I determine your eligibility?

**DO NOT READ:**

**Is this person between 18-30 years old?** Yes \_\_\_\_\_

No \_\_\_\_\_

**Report injection drug use in the last 6 months?** Yes \_\_\_\_\_

No \_\_\_\_\_

**Current resident of San Diego?** Yes \_\_\_\_\_

No \_\_\_\_\_

**Agree to have blood drawn?** Yes \_\_\_\_\_

No \_\_\_\_\_

**Agree to provide contact information?** Yes \_\_\_\_\_

No \_\_\_\_\_

**First time participating in study?** Yes \_\_\_\_\_

No \_\_\_\_\_

**Check if eligible or ineligible. (Eligible if all answers are YES; Ineligible if they answer NO to any question except for "Agree to provide contact information")**

**INELIGIBLE:** I want to thank you for talking to me, but, unfortunately, you are not eligible to participate in the study at this time. [Thank the screened individual for their time and offer condoms and other resources that are available.]

**ELIGIBLE:** Great! You're eligible to participate in the study. What I would like to do now is have you review and sign a consent form so we can enroll you into the study.