

**HIV/AIDS Risk Reduction Interventions for African-American
Heterosexual Men**

0920-10CM

**Attachment 3a
Data Collection: Screening Form – SUNY**

HIV/AIDS Risk Reduction Interventions for African-American Heterosexual Men

Data Collection: Screening Form – SUNY (Attachment 3a)

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-09XX)

Screening Form

Interviewer initials: ___ ___ ___ Screening date: ___ ___ / ___
 ___ / ___ ___

	Not Eligible	Eligible
1. Are you between the ages of 18 and 45 years?	___ NO	___ YES
2. Do you consider yourself to be Black or African American?	___ NO	___ YES
3. Would you be able to answer questions in English?	___ NO	___ YES
4. Have you had any health concerns or worries in the last 3 months?	___ NO	___ YES
5. Have you received services at this barbershop at least once a month for the last 3 months?	___ NO	___ YES
6. Do you consider yourself to be a Man or a Woman?	___ WOMAN	___ MAN
7. Thinking back over the last 3 months, would you say that you have had no female sexual partners, 1 female sexual partner, or 2 or more female sexual partners?	___ 0-1 PARTNERS	___ 2+ PARTNERS
8. Was there at least one time in the last 3 months when you <u>did not use</u> a condom with your female partners?	___ NO (or no female partners)	___ YES
9. Have you ever been told by a doctor or other health professional that you have HIV?	___ YES	___ NO

10. Thinking back over the last 5 years, have you had anal or oral sex with another man?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Have you been to see a doctor in the last 3 months for any type of health concern?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
12. Have you injected illicit/illegal drugs with a needle in the last 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. In the last 12 months, have you been part of an HIV or drug use research study?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

9. Is respondent eligible?

NO-MISSED AT LEAST ONE ELIGIBLE ITEM FROM QS 1-3, 6-10, 12-13

[END CONTACT]

NO-RESPONSES IMPLY ELIGIBILITY, BUT UNABLE TO PROVIDE INFORMED CONSENT [END CONTACT]

NO- RESPONSES IMPLY ELIGIBILITY, BUT ENROLLMENT LOG INDICATES THAT INDIVIDUAL PARTICIPATED IN PHASE I ACTIVITIES [END CONTACT]

YES [SEE BELOW]

11. Based on what you have told me, you are eligible for participating in this project. May I spend a few minutes telling you a little more about what we are doing here today?

NO [END CONTACT]

YES [COMPLETE CONSENT / LOCATOR/ ENROLLMENT, THEN COMPLETE #12 WITH ID]

12. Was client enrolled in the study?

NO

YES [STUDY