

"Community-based Organization (CBO) Monitoring and Evaluation
Project of WILLOW (CMEP-WILLOW)"

Attachment 3

Eligibility Screener

CMEP-WILLOW Eligibility Screener

This form should be completed by staff (not the client) for each individual enrolled into WILLOW.

1. Recruitment site _____
2. Staff ID _____
3. Today's date: ___/___/____ (MM/DD/YYYY)
4. How old are you? _____ (Client must be at least 18 years old to be eligible for CMEP.)
5. What was your sex at birth? <input type="checkbox"/> Male <input type="checkbox"/> Female
6. What is your gender? <input type="checkbox"/> Male (Not eligible for CMEP) <input type="checkbox"/> Female <input type="checkbox"/> Transgender – Male to Female <input type="checkbox"/> Transgender – Female to Male
7. Have you tested positive for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not eligible for CMEP)
8. When did you first test positive for HIV? ___/___/____ (MM/DD/YYYY) (Client must have known about her positive HIV status for at least 6 months.)
9. If enrolled (client is eligible AND agrees to participate), enter client ID here: _____

Public reporting burden of this collection of information is estimated to average 2 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 person 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).