

Eligibility and enrollment form for DEII Peer Linkage initiative

Instructions: Please answer the following questions regarding the client's eligibility for the DEII Peer Linkage initiative. This form should be completed for any client referred to the DEII Peer Linkage initiative.

1. Is the person 18 years or older? No Yes
2. Is this person HIV-positive? No Yes

PEERS

Client must respond "yes" to all of the following questions to be eligible:

1. Does this person identify as female? No Yes
2. Does this person identify as belonging to one or more of the following racial or ethnic categories (*check all that apply*):
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latina
 - Native Hawaiian or other Pacific Islander
3. Is this person receiving HIV primary care (or eligible to receive HIV primary care, if newly diagnosed) at the clinic offering the intervention? No Yes

Client must respond "yes" to one or more of the following:

1. Is the client newly diagnosed? No Yes
2. Has the client never linked to care? No Yes
3. Has the client fallen out-of-care (i.e. has not attended clinic where she receives HIV primary care for 6 months or more)? No Yes

How many times did the interventionist attempt to reach this client, prior to the time where the interventionist was able to connect with the client and explain the intervention activities to the client? _____

INFORMED CONSENT

10. Did the subject sign the consent form?	<input type="radio"/> No <input type="radio"/> Yes
10a. Date consent form signed (mm/dd/yyyy)	____/____/____
11. Did the subject sign the audio recording consent form?	<input type="radio"/> No <input type="radio"/> Yes
11a. Date audio consent form signed (mm/dd/yyyy)	____/____/____
If NOT CONSENTED , specify reason(s): (choose all that apply)	
Client's reasons:	Discretion of study staff:
<input type="checkbox"/> Timing	<input type="checkbox"/> Too tired
<input type="checkbox"/> Not interested/Client didn't want to wait	<input type="checkbox"/> Too ill, physical health problem
<input type="checkbox"/> Personal problems	<input type="checkbox"/> Too ill, mental health problem
<input type="checkbox"/> Questions too personal	<input type="checkbox"/> Inappropriate behavior
<input type="checkbox"/> Too ill	<input type="checkbox"/> Not comprehending questions
<input type="checkbox"/> Unknown	<input type="checkbox"/> Incomprehensible responses
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Too high/inebriated
	<input type="checkbox"/> Other (specify): _____

OUTCOME

Ineligible / Eligible: **Participant ID #:** ____ _

IMPORTANT: The Participant ID will be used on all study instruments. Write it down and store in secure locked/password protected file with the participant's contact information and/or your local Client ID.