

HIV/HCV Risk Reduction Protocol Schedule of Forms and Procedures

				-1	0	T1	T2	F1	F2	F3
Activity/ Assessment	CRF (Y/N)	Staff Member	Approximate Time to Complete	Pre-Study Screening/ Consent	Pre-Study Baseline/ Randomization	Study Visit 1	Study/ Interim Visit 2 and/or 2 Wk Interim	Follow-Up 2-Months	Follow-Up 4-Months	Follow-Up 6-Months
Pre-Screening Consent	No CRF	Study Coordinator	5 Minutes	X						
Screening Log	No CRF	Study Coordinator	5 Minutes	X						
Consent Form/Quiz	No CRF	Study Coordinator	45 Minutes	X						
Inclusion/ Exclusion Form	CRF	Study Coordinator	N/A	X						
Urine Screen	CRF	Study Coordinator	10 Minutes		X		X	X	X	X
Locator Form	No CRF	Interviewer	10 Minutes		X		Update X	Update X	Update X	
Demographics Questionnaire	CRF	Interviewer	10 Minutes		X					
Addiction Severity Index (ASI) LITE	CRF	Interviewer	45 Minutes		X			X	X	X
Composite International Diagnostic Interview (CIDI)	CRF	Interviewer	45 Minutes		X					
HIV Risk Behavior Survey (RBS)	CRF	Interviewer	15 Minutes		X			X	X	X
Timeline Follow Back (TFB)	CRF	Interviewer	5 Minutes				X	X	X	X
Self-Efficacy	CRF	Interviewer	5 Minutes		X		X	X	X	X
Stage of Change	CRF	Interviewer	5 Minutes		X		X	X	X	X
Randomization	CRF	Study Coordinator	15 Minutes		X					
Voluntary Blood Draw C&E [<i>Counseling and Education Intervention</i>] Tx [<i>treatment</i>] Group	CRF	Study Phlebotomist	15 Minutes			X				X
All Groups, Optional. Blood Draw at Study Close	CRF	Study Phlebotomist	15 Minutes							X
Termination Form	CRF	Study Coordinator	N/A							X
SAE [<i>Serious Adverse Event</i>] Form	CRF	Study Coordinator	N/A	As Needed Throughout Protocol						
Progress Notes	No CRF	All Team Members	N/A	X	X	X	X	X	X	X
Communication Log	No CRF	All Team Members	N/A	Every Phone or In-Person Contact Outside of a Regular Visit						

[CRF: case report form]¹⁸¹

[Reproduced from original table]