SPNS Program Cooperative Agreement Evaluation
Module 19: HIV/AIDS Health Form - Women
National Evaluation by The Measurement Group

ID Letters	ID Numbers	Site	Sub-Provider	Date
				Month / Day / Year

Staff Code

Client Gender
○ Male ○ Female

Have you ever had any of the following?		*If yes*, in past 6 months?	*If yes*, in past 30 days?
1. Bacterial vaginosis (BV), or gardnerella (vaginitis-inflammation of the vagina)	○ No ○ Yes ○ Don't Know ○ Refused	○ No ○ Yes	○ No ○ Yes
2. Trichomonas ("trich"; type of vaginal infection)	○ No ○ Yes ○ Don't Know ○ Refused	○ No ○ Yes	○ No ○ Yes
3. PID (pelvic inflammatory disease; infection of the internal female reproductive organs)	○ No ○ Yes ○ Don't Know ○ Refused	○ No ○ Yes	○ No ○ Yes
4. Abnormal pap smear (abnormal results from a cervical smear test)	○ No ○ Yes ○ Don't Know ○ Refused	○ No ○ Yes	○ No ○ Yes

5. Have you ever been pregnant? (one only) ○ Yes ○ No ○ Don't Know ○ Refused
If not yes, skip the next section

5a. How many times have you ever been pregnant? ___ Times 777=Don't Know 888=Refused
(if currently pregnant, include in total number of times)

5b. Are you currently pregnant? (one only) ○ Yes ○ No ○ Don't Know ○ Refused

5c. How old were you the first time you became pregnant? ___ Years 77=Don't Know 88=Refused

5d. How many children have you given birth to? ___ Children 77=Don't Know 88=Refused

5e. Have you ever had an abortion? (one only) ○ Yes ○ No ○ Don't Know ○ Refused ***If not yes, skip to question #5f***

a. How many abortions have you had? ___ Number 77=Don't Know 88=Refused

5f. Have you ever had a miscarriage? (one only) ○ Yes ○ No ○ Don't Know ○ Refused

a. How many miscarriages have you had? ___ Number 77=Don't Know 88=Refused

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