

# TECHNICAL PAPERS ON HEALTH AND BEHAVIOR MEASUREMENT

## TECHNICAL PAPER 10

### **Evaluation of NIH-Funded Condom Research, Phase 1 Evaluability Assessment**

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#### **Reference Citation**

Gibbs, D.A., and C.F. Turner. (1994) Evaluation of NIH-Funded Condom Research. Phase 1: Evaluability Assessment. *Technical Papers on Health and Behavior Measurement*, no. 10. Rockville, Md.: Research Triangle Institute.

# Evaluation of NIH-funded Condom Research

## Phase 1: Evaluability Assessment

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**NOTE.** This report includes tabulations based on pilot data from an evaluability assessment. These data were collected using preliminary coding schemes that were not subject to the refinements, detailed specification of coding criteria, or assessment of inter-coder reliability that would take place in a formal evaluation. Thus these tabulations should be interpreted as providing illustrations of the types of analyses that might be carried out in a formal evaluation. These tabulations should not be used to make substantive inferences.

## 1. INTRODUCTION

For the greater part of this century, condoms have played an important role in attempts to prevent the spread of sexually transmitted diseases. The central role of condoms in public health campaigns to control the spread of HIV are, perhaps, the most visible contemporary manifestation of this phenomenon. But condoms have equally crucial roles to play in retarding in the spread of other sexually transmitted diseases, as well as in preventing unwanted pregnancy.

When properly and consistently used, the theoretical effects of condoms on risk of disease transmission and pregnancy can be impressive. The actual experience of persons who report "using condoms" is, however, less than impressive.<sup>1</sup> Moreover, there is often a marked resistance to routine condom use among many persons whose behaviors place them at high risk for acquiring sexually transmitted diseases or an unwanted pregnancy.

Efforts to improve scientific understanding of the human factors that influence condom use began to flourish during the last decade. While the volume of research studies has been increasing, there has not been a comprehensive review of what has been learned from this research. NIH has been the major funder of research in this area, and a review of the results of NIH-supported research would be of interest to both the public health community, in general, and to those charged with the responsibility of planning future NIH solicitations for research on condom use.

In 1993, NIH initiated an evaluability assessment to determine whether a formal evaluation of past NIH-funded research would be feasible and useful. The evaluability assessment was conducted by RTI staff, working in collaboration with a Technical Advisory Group (TAG) of NIH program officers knowledgeable about condom use research that has been supported by NIH. This report documents the activities carried out as part of the evaluability assessment between October of 1993 and April of 1994.

In the remainder of this section we describe the objectives of this evaluability assessment and the function and composition of the TAG. Section 2 describes activities carried out and decisions made in the process of identifying and reviewing relevant condom use studies. In Section 3 we present information on the universe of studies included, our research design, and the characteristics of the sample of studies we reviewed. Section 4 discusses lessons learned from the evaluability assessment and makes recommendations for both the scope and process of future work.

### Scope of Work and Composition of TAG.

The Statement of Work defined our major tasks as:

- consult with the Delivery Order Officer (DOO) and the TAG;
- identify and inventory the universe of relevant research studies;
- abstract information from studies on content, population, methodology and data quality; and
- report on findings and their implications for further evaluation effort.

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<sup>1</sup>See, for example, James Trussell and Kathryn Kost (1987) Contraceptive failure in the United States: A critical review of the literature, *Studies in Family Planning*, 18(5), 237-283.

**Table 1. Condom Evaluation Technical Advisory Group**

<b>Institute - Office</b>	<b>Representative</b>
NIAAA	Kendall Bryant*
ORWH	Virginia Cain*
NICHD	Art Campbell* Chris Bachrach Mona Rowe Judith Whalen
NIDA	Katherine Davenny* Zili Sloboda
NINR	June Lunney* Suzanne Feetham
NIMH	Len Mitnick* Fred Altman Ellen Stover
NIAID	Heather Miller* (Chair) Linda Rosendorf* Amy Sheon George Reed Penny Hitchcock

\*Member of Working Group on Research Design

During the course of the task, a working group of TAG members representing each of the Institutes with significant involvement in condom use research met regularly to review progress in implementing the evaluability assessment and to assist in developing strategies for achieving our objectives. Individual members of a TAG Working Group of Research Design also gave generously of their time to advise RTI staff on specific issues and to facilitate access to research materials. The members of the TAG and the working group are listed in Table 1.

## **2. DESCRIPTION OF ACTIVITIES**

### **Identifying Relevant Studies.**

The TAG members, by virtue of their familiarity with NIH-funded research on condom use, collectively identified 229 studies as candidates for review. However, to compile a listing of condom use research that spanned the entire period of interest (1983 to present) clearly required a supplemental approach, given the fallibilities of memory and the fact that many TAG members were not involved in NIH-funded condom research during the early 1980's. We used the TAG-identified list, which included predominantly active grants, as a starting point for developing an automated search strategy

that could be applied to the database of NIH-funded research maintained by NIH's Division of Research Grants (DRG).

We began by obtaining computer files containing the project abstract, index terms, and administrative information for all studies included in the DRG database during FY-1993. We then used various combinations of likely identifying words to search the abstracts and index-term files in order to identify studies that involved behavior research on condom use from the FY-93 grants. Our objective at this stage was to develop an efficient combination of keywords that would identify the greatest number of studies enumerated by the TAG while producing the least number of irrelevant studies. While "condom"<sup>2</sup> and "contraceptive" were obvious choices, we identified other terms that reflect the range of topical areas involving condom use behaviors. In our initial explorations we found that terms associated with the TAG list included sex behavior, HIV risk, lifestyle, STD prevention.

Using the TAG list as the "gold standard" for the identification of current studies, we found that "condom" and "contracept" were relatively ineffective descriptions for use in a search strategy, identifying only 2 to 18 percent of known studies. Combinations of more effective terms achieved matches of up to 69 percent against the TAG list, and combining output from multiple searches raised their effectiveness to nearly 80 percent, as shown in Table 2. Our optimal search strategy also identified approximately 200 FY-93 studies not included on the TAG list. Reviewing abstracts for these studies revealed that approximately one-quarter of these additional studies were potentially of interest for further review.

Having identified a strategy that efficiently identified a high proportion of current studies, we next applied this strategy to previous year files. In order to be able to conduct repeated searches of abstract and index files, we requested copies of DRG files for fiscal years 1983 through 1993 for the 18 NIH Institutes, Centers and Divisions (ICDs) judged most likely to have supported condom use research. These ICDs are shown in Table 3. We searched the file for each year, using the combinations of keywords and phrases identified earlier. It was necessary to adapt our strategies somewhat to ensure their effectiveness in searching earlier years' files, where HIV and STD were less useful as keywords. We therefore added keywords for "contraceptives non-drug" and "condom" to searches of the index files, and "pregnan" and "condom" to searches of the abstract files. After eliminating duplication created when projects were identified by more than one search strategy, a total of 935 abstracts that *potentially* included research related to condom use behavior were identified.

#### **Initial Review and Classification.**

We reviewed abstracts for these studies to eliminate "false positives" that matched our keywords but did not actually pertain to condom use behavior. Given that it was often not possible to discern from abstracts whether condom use behavior was part of the study, we chose to err on the side of inclusiveness rather than risk eliminating potentially relevant studies at this stage. Approximately one-third of the abstracts generated by the computer search were excluded by applying the criteria summarized in Table 4. These criteria were developed in consultation with the TAG. The criteria were intended to eliminate studies outside of our areas of interest. Thus studies that were exclusively biological in nature or those that involved only animal subjects were eliminated from consideration. In addition,

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<sup>2</sup>Note: Searching of abstracts accepted as matches instances in which the root term was present, e.g., Condom, Condoms or Prevent, Preventing, Prevention, Preventions, etc.

**Table 2. Effectiveness of Selected Search Strategies**

FILE	Search Terms	% of TAG List Found	Additional Projects Identified
Single Searches			
Index Searches	HIV and RISK and BEHAVIOR	33.9	61
	SEX BEHAVIOR and RISK or PREVENT	57.5	113
	CONDOM	17.8	20
	CONTRACEPT	2.4	100
Abstract Searches	SEX and RISK and {AIDS or HIV or STD}	69.1	136
	SEX and PREVENT and {AIDS or HIV or STD}	39.7	80
	CONDOM	14.4	26
	CONTRACEPT	4.1	294
Combined Searches			
Index Abstract Abstract	HIV and RISK and BEHAVIOR SEX and RISK and {AIDS or HIV or STD} SEX and PREVENT and {AIDS or HIV or STD}	76.7	191

Note: Searching of abstracts accepted as matches instances in which the root term was present, e.g., Preventing, Prevention, Preventions, etc.

**Table 3. NIH Organizational Units Included in Searches**

Code	Organizational Unit
AA	National Institute on Alcohol Abuse and Alcoholism (NIAAA)
AI	National Institute of Allergy and Infectious Diseases (NIAID)
DA	National Institute on Drug Abuse (NIDA)
HD	National Institute of Child Health & Human Development (NICHD)
MH	National Institute on Mental Health (NIMH)
NR	National Center (Institute) for Nursing Research (NCNR)
HL	National Heart, Lung and Blood Institute (NHLBI)
HV	NHLBI, Division of Heart and Vascular Diseases (NHLBI)
HB	NHLBI, Division of Blood Diseases and Resources (NHLBI)
HR	NHLBI, Division of Lung Diseases (NHLBI)
HI	NHLBI, Division of Intramural Research (NHLBI)
HO	NHLBI, Office of the Director (NHLBI)
HC	NHLBI, Division of Epidemiology & Clinical Applications (NHLBI)
DD	Office of the Director (NIH)
WH	Women's Health Initiative (WHL, OD)
AD	ADAMHA, Office of the Administrator, (ADAMHA)
SP	ADAMHA, Office of Substance Abuse Prevention (OSAP)
TI	ADAMHA, Office for Treatment Improvement (OTI)

**Table 4. Criteria for Inclusion of Studies for Further Review**

Criteria
<b>EXCLUDE:</b> <ul style="list-style-type: none"><li>■ Non-US studies (without any US population component)</li><li>■ Animal studies</li><li>■ Studies of diagnostic procedures, physiological functioning or clinical treatments <i>with no behavioral components</i></li><li>■ Mathematical modeling with no behavioral variables</li><li>■ Professional training for health care providers or medical students</li></ul>
<b>INCLUDE:</b> <ul style="list-style-type: none"><li>■ Studies that describe, analyze or attempt to modify sexual behaviors (in particular condom use) that alter the risk of people contracting HIV or other STDs</li><li>■ Studies that describe, analyze or attempt to modify contraceptive behaviors, and which do not explicitly exclude condoms</li><li>■ Evaluated educational or risk-reduction interventions addressing sexual transmission of AIDS, STDs or pregnancy prevention</li><li>■ Studies of the HIV/STD epidemiology among population groups defined by their sexual behavior (i.e., gay men, sexually active teens) if the study includes does not specifically exclude measurements of condom use</li><li>■ Studies of the natural history of AIDS or other STDs that do not specifically exclude behavioral components</li></ul>

studies with exclusively foreign subjects were excluded by the TAG due to concerns about the cross-cultural generalizability of their findings. The remaining abstracts, when combined with studies identified by the TAG, identified a total of 660 projects related to condom use behavior.

Given the unexpectedly large number of studies identified by our automated search of the DRG files (approximately twice the number anticipated by the TAG), it was impossible to gather data from every project. Instead, a sample of projects was selected using the procedures described below.

Abstracts were classified on four key characteristics by an RTI analyst:

1. primary focus on condom use vs. other;
2. intervention vs. nonintervention;
3. by funding Institute; and
4. funded between 1983 through 1988 vs. funded after 1989.

A primary focus on condom use behavior was defined as meaning that the study's chief objectives *included* identifying patterns, determinants, precursors, or methods to increase or modify:

- condom use;
- sexual behaviors related to risk of HIV or other STDs; or
- contraceptive behaviors that do not specifically exclude condoms.

Studies were classified as *not* having a focus on condom use behavior if:

- condom use data were collected (or can reasonably assumed to be collected) only as a control or mediating variable in the research;
- the study was included in the TAG list but no relation to condom use behavior could be deduced from abstract;

- the study included a wide array of measurements of which condom use is only a small part and not a focus of major substantive interest.

It is important to note that it was often difficult to assess the degree to which a study focused on condom use behavior based on the limited information provided in the project abstract. The classification was frequently a presumptive one; for example, an intervention to reduce HIV risk among sexual partners of intravenous drug users was assumed to involve condom use behavior whether or not increased condom use was identified as an outcome in the project abstract. In general, any study which offered the likelihood of having produced analyzable data was classified as having a focus on condom use. Again, our bias at this stage was toward inclusiveness in order to minimize the chances of eliminating potentially relevant studies on the basis of the incomplete information contained in the abstract. In doing so, the definition of the classification variable was broadened to represent a "substantial focus" on condom use behavior, rather than the originally proposed "major focus".

We would recommend two changes to this procedure in any future study. First, classifying a study's focus as a dichotomous variable provided far less information than was desired about the amount of condom-related data likely to be collected by the research project, and the extent to which that data might be analyzed by the investigator. A multi-level classification would have been far more informative. Second, a less constricted time frame for our study would have made it possible to assess the inter-rater reliability of the classification, and it would have allowed for review by knowledgeable NIH program officers. Since these steps were not possible in this evaluability assessment, the classifications shown in Table 5 should be considered as preliminary.

**Table 5. Classification of Abstracts and Sample**

Classification Variables	All Abstracts n= 491		Sample n=115	
	N	%	N	%
Focus on Condom Use				
Yes	359	73	90	78
No	132	27	25	22
Intervention				
Yes	194	40	46	40
No	297	60	66	60
Pre-1989				
Yes	195	40	41	36
No	296	60	64	54
Institute				
NIAAA	19	4	10	9
NIAID	84	17	15	13
NIDA	171	35	31	27
NICHD	98	20	26	23
NHLBI	1	0	0	0
NIMH	110	22	25	22
NINR	8	2	8	7



An additional limit on our ability to classify studies was created by the lack of specific information on sub-projects for large, multi-project grants (such as U01 and P01 grants). These grants frequently had a single abstract describing component sub-projects in broad terms. It was often impossible for us to identify which subprojects were most relevant to our review, nor to classify at the sub-project level for sampling. We therefore decided to classify studies at the main-project level, coding projects as having a focus on condoms if they included one or more sub-projects that met that definition, and as interventions if they included one or more sub-projects that were interventions.

After eliminating duplicate abstracts for sub-projects, the database included 491 grants. A sample of these projects was selected for further review. At the request of the TAG, the sample was constructed so that:

- at least 75 percent of the selected projects had a primary focus on condom use
- an oversampling of intervention projects was included, and
- a minimum of ten grants for each Institute was selected.

Because we were unable to reliably identify sub-projects within multi-project grants, we subsequently asked TAG members to identify, for these grants, the single sub-project most related to condom use and to select an intervention component if available. This selection process in effect provided an oversampling of studies with a focus on condoms and of interventions.

#### **Reviewing Project Materials.**

Given time and resource restraints, it was agreed that information on study populations, design, and methods for the sampled projects, would be compiled from grant applications alone. While including other items such as progress reports, final reports and publications might provide considerably more detail and depth of information, these materials would have been extremely difficult to access within the short time available, and they would not be available for more recent projects. TAG members provided RTI staff with copies of applications for as many of the sampled projects as were readily accessible. Even with the availability of clerical assistance from RTI staff, accessing and copying applications was found to require considerable effort on the part of TAG members.

Following recommendations from TAG members, information to be abstracted was identified, a format for abstracting information from applications was developed, and a database for compiling abstracted information was constructed. Principal elements of the abstraction form are shown in Table 6; a copy of the abstracting form is included as Appendix B. Abstraction was done by an RTI analyst.

We would emphasize that in a full-scale study, a more formal abstraction process would be used -- allowing for refinement of definitions following initial classifications, and an iterative process to ensure consistent application of category definitions. Because this level of rigor was not possible given the resources available for this evaluability assessment, the data presented in the following sections should be seen as illustrative only of what a full-scale evaluation might provide. These data do not provide a basis for making substantive inferences regarding NIH funding of condom use research.

Of the 115 studies included in the sample, 21 were excluded from further review because they were judged to be outside the scope of our definition of condom use research, as seen in Table 7. These studies included applications for software development, natural history studies with no behavioral components, and other studies that were found, upon examination of their application, to include no

**Table 6. Principal Elements for Abstraction**

Type Of Information	Variables
Study Population Characteristics	Age Gender Race Ethnicity Sexual Orientation Geographic Scope SES
Study Design	Condom focus Type of study Study design Sampling method Sample source Theory-based Control/comparison group
Study Implementation	Data collection methods Condom-related measures Related measures Analytic Procedures
Administrative Information	Proposed project period Council date

**Table 7. Status of Sampled Studies**

	NIAAA	NIAID	NIDA	NICHD	NIMH	NINR	TOTAL
<b>Sampled</b>	10	15	31	26	25	8	115
<b>Not Available</b>	0	1	6	7	4	0	18
<b>Excluded (inapp.)</b>	1	4	3	4	7	2	21
<b>Abstracted</b>	9	10	22	15	14	6	76

data related to condom use behavior. Eighteen studies could not be accessed within the time available. The remaining 76 studies were reviewed and their characteristics are described in Section 3.

### 3. CHARACTERISTICS OF SAMPLED STUDIES

#### Overview.

This section describes characteristics of the 76 applications that we were able to review and abstract. It should be emphasized that this discussion does *not* represent the characteristics of the sampled studies, but rather it presents what can be discerned about these studies based upon a review of grant applications. There is much information of interest not presented in detail within applications, particularly since we reviewed only the narrative portion of the application, without appendixes and instruments that might have been submitted. (Section 4 discusses other types of materials that might be included in a more comprehensive review.)

#### Study Population Characteristics.

Table 8 shows the number of applications that included explicit information about the composition of the study population, even if only as descriptive categories. All of the applications reviewed described the age of the population, either with upper and lower range limits or by specifying "adult" or "adolescent". However, information was less readily available regarding the composition of the study population by gender, race, ethnicity, socioeconomic status (SES) and sexual orientation. Information on ethnicity, SES and sexual orientation were provided by just over one-quarter of the applications reviewed. Since current NIH rules for R-01s require details of the gender and racial composition of the samples, it is likely that more recent applications provide more comprehensive information on study populations. It appears that information was more likely to be provided when the study population included non-whites, Hispanics, women, and persons with same-gender sexual partners. Information on income, when provided, was usually presented in the form of general statements such as "poor neighborhoods," rather than a specific measure. Information on education was most often provided for populations defined by their current status as students, and thus would not serve as an indicator of SES.

Nearly all of the applications specified their intended geographic scope, as seen in Table 9. City-level studies were by far the most common overall, with little variation by funding Institute. (It should be noted that the number of city-level studies shown in Table 9 does not depict the proportion of studies focusing on major metropolitan areas; this category included studies both small cities as well as major urban centers.)

#### Study Design.

The next several tables describe characteristics of study design, first by funding Institute and then by study type. Table 10 shows that interventions and epidemiological/descriptive studies were the predominant study types, although this is in part because our sample deliberately over-represented interventions. Preinterventions include both studies that tested theoretical models and constructs with specific population groups and intervention studies with a formative phase during which intervention components were pre-tested for broader implementation. Variations among Institutes in the types of studies funded may reflect differing emphases in research agendas across NIH.

**Table 8. Number of Applications Describing Study Population Characteristics, by Funding Institute**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Characteristic	TOTAL
Age	76
Gender	56
Race	41
Ethnicity	21
SES	18
Sexual Orientation	17
Applications Reviewed	76

**Table 9. Geographic Scope of Proposed Studies, by Funding Institute**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Geographic Scope	NIAAA	NIAID	NIDA	NICHD	NIMH	NINR	TOTAL
National	0	0	0	4	2	0	6
Regional	2	2	0	0	0	0	4
State	1	0	2	0	1	2	6
County	2	2	0	0	1	0	5
City	4	5	17	11	9	3	49
Neighborhood	0	1	2	0	0	0	3
Not Specified	0	0	1	0	1	1	3
Applications	9	10	22	15	14	6	76

Table 11 shows that prospective cohorts were the most commonly used study design, representing nearly three-quarters of all applications reviewed, and they were used primarily in epidemiological/descriptive studies and interventions. Cross-sectional designs were far less common, and they were used primarily for epidemiological/descriptive studies and preintervention studies. Although retrospective designs were not proposed within any of the applications reviewed, many prospective and cross-sectional designs included collection of retrospective data. In particular, the distinction between cross-sectional and retrospective data is not clear cut when describing *current* condom use, which is necessarily based on a reference period that includes previous weeks or months.

**Table 10. Study Type by Funding Institute (Number of Applications)**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Study Type	NIAAA	NIAID	NIDA	NICHD	NIMH	NINR	TOTAL
Epidemiological/ Descriptive	4	6	5	8	7	1	31
Natural History	0	3	2	1	0	0	6
Preintervention	1	1	0	3	3	2	10
Intervention	4	3	17	4	8	3	39
Ethnographic	1	1	4	0	1	0	7
Applications Reviewed	9	10	22	15	14	6	76

Note: Columns may add to more than the number of applications reviewed if applications describe more than one type of study.

**Table 11. Study Design by Study Type and Funding Institute**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Study Type	Prospective	Cross- Sectional	Other/ Combination	Total
Epidemiological/ Descriptive	17	12	2	31
Natural History	6	0	0	6
Preintervention	5	4	1	10
Intervention	35	2	2	39
Ethnographic	5	2	0	7
Applications Reviewed	55	16	4	76

Note: Columns may add to more than the number of applications reviewed if applications describe more than one type of study.

Table 12 shows that convenience samples were used by nearly half of the studies reviewed, and probability samples were used in just under one-quarter of the studies. Intervention studies were the most likely to use convenience samples. Other sample types included snowball or network samples (recruiting through acquaintances of health care providers). The sampling method varied according to the sampling source, as seen in Table 13. Most of the probability samples were drawn from household sampling frames; convenience and quota samples were drawn from groups identified through treatment and educational programs.

Table 14 shows the method by which comparison groups were constructed. More than one-third of the applications proposed to use random assignment of subjects to control groups. Intervention studies were most likely to use random assignment. Pre/post-test comparisons were used by 32 of the 76 applications, primarily for epidemiological/descriptive studies. These were also the most likely not to specify a comparison group or method, as might reasonably be expected.

Of the 76 applications reviewed, 48 percent specified one or more theoretical frameworks guiding the development of the research, as seen in Table 15. Applications were classified as having a theoretical basis if data collection instruments and procedures were said to capture independent, mediating or outcome variables addressing model constructs. Applications only citing theories within the background statement were not considered to be based on the theories cited. Pre-intervention and intervention studies, and to a lesser extent, epidemiological or descriptive studies were most likely to be based upon theoretical frameworks. The theories most frequently used were the Health Belief Model and the Theory of Reasoned Action (in 11 and 10 applications, respectively) and Social Learning Theory and AIDS Risk Reduction Model (6 and 5 applications, respectively).

**Table 12. Sampling Method by Study Type (Number of Applications)**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Study Type	Probability	Convenience	Quota	Snowball/ Network	TOTAL
Epidemiological/ Natural History	14	12	2	2	30
Preintervention	0	5	0	0	5
Intervention	4	4	1	1	10
Ethnographic	4	21	3	7	35
Applications	0	3	1	3	7
<b>Applications</b>	<b>19</b>	<b>37</b>	<b>6</b>	<b>9</b>	<b>76</b>

Note. Columns may add to more than the number of applications reviewed if applications describe more than one type of study.

**Table 13. Sampling Method by Sample Source (Number of Applications)**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Sample Source	Probability	Convenience	Quota	Snowball/ Network	Total
Prostitutes	1	0	0	0	1
Drug/Alcohol Treatment	0	7	2	4	13
Community Outreach	0	7	0	4	11
STD Clinic	0	4	0	0	4
Family Planning Clinic	0	2	0	0	2
Primary Care	1	12	0	0	13
Justice	1	4	0	1	6
Household	12	0	0	1	13
Media	0	3	0	2	5
Existing Cohorts	4	4	0	0	8
Education	1	3	4	0	8
Other	1	3	0	0	4
<b>Applications Reviewed</b>	<b>27</b>	<b>9</b>	<b>23</b>	<b>17</b>	<b>76</b>

Note: Applications may describe more than one sample source.

**Table 14. Comparison Group by Study Type (Number of Applications)**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Study Type	Random	Non- Random	Pre/ Post-Test	None Specified	TOTAL
Epidemiological/ Descriptive	3	3	15	13	31
Natural History	1	0	5	0	6
Preintervention	2	0	4	4	10
Intervention	25	7	6	1	39
Ethnographic	1	2	2	2	7
<b>Applications Reviewed</b>	<b>27</b>	<b>9</b>	<b>23</b>	<b>17</b>	<b>76</b>

Note: Applications may describe more than one study type.

Study Implementation.

Table 16 shows the data collection methods that were proposed in the applications reviewed. Personal interviews and self-administered questionnaires were by far the most commonly used approaches, with telephone interviews and role plays of behavioral skills also cited. "Other" methods included focus groups and ethnographic techniques.

The data items used to measure condom use behavior are summarized in Table 17. Knowledge, attitudes and belief items were collected more frequently than most behavioral measures. Of the 41 studies measuring condom use behavior within a specified time period, time periods ranged from 24 hours to lifetime, with the most commonly used intervals being 6 months and 3 months (13 and 6 studies, respectively). Less informative descriptions of measures to be used included "sexual risks", "sexual behavior," "high-risk behaviors," and "current behavior." Type of partner was rarely used as a qualifier within data collection, but some indication of the type of intercourse was noted in nearly one-third of the applications. Twelve of the applications described measuring condom use but did not describe specific measures. Many applications referenced instruments in appendixes or previous applications that were not available for our review.

**Table 15. Number of Applications Describing Theoretical Model, by Study Type**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Study Type	N of Applications	% of All Applications
Epidemiological/descriptive	31	29
Natural History	6	0
Pre-Intervention	10	70
Intervention	39	48
Ethnographic	5	0

**Table 16. Data Collection Methods for Condom Use Behavior Measures**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Data Collection Method	N of Applications	% of All Applications
Personal Interview	43	57
Telephone Interview	6	8
Self-administered Questionnaire	32	42
Diary	2	3
Coupon Use/ Sales	3	4
Observation	8	11
Other	6	8

Note: Applications may describe more than one method.



Table 18 shows related measures cited within descriptions of data items. Drug use was the most frequently mentioned measure (63 percent of all applications). Measures of HIV and STDs were each cited by 30 of the 76 applications. Many of these applications did not provide enough information to make it clear whether incidence or prevalence was being measured. For both HIV and STD measures, the measure used was most often a diagnostic test administered as part of the research, with a few studies using self-reported status or treatment records (for STDs).

**Table 17. Number and Percent of Studies Reporting Use of Various Measurements of Condom Related Behaviors**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Measure	N of Applications	% of All Applications
Knowledge	33	43
Attitudes	30	39
Beliefs	29	38
Intended Behavior	13	17
<b>USE</b>		
Ever/Never	4	5
At Last Intercourse	6	8
Specified Time Period	41	54
Time Not Specified	12	16
Type of Partner	6	8
Use, Unspecified	12	16
<b>USE BY TYPE OF INTERCOURSE</b>		
Vaginal	23	30
Anal	17	22
Oral	21	28

**Table 18. Measurements of Related Behaviors and Characteristics**

Note. This tabulation is based on pilot data from an evaluability assessment and should not be used to make substantive inferences. See notice on cover.

Measure	N of Applications	% of All Applications
Alcohol Use	20	26
Drug Use	48	63
HIV Incidence or Prevalence	30	39
STD Incidence or Prevalence	30	39
Pregnancy	9	12

#### 4. CONCLUSIONS AND RECOMMENDATIONS

This evaluability assessment provides various sorts of information relevant to the goals of deciding

- whether further efforts are feasible,
- what impediments must be overcome if a further effort is undertaken,
- what designs for further research appear promising.
- what could be learned from such efforts,

In addition to providing evidence on these questions, our present effort has also provided a wealth of practical experience about the mechanics that would be involved in conducting a larger study.

At a general level, we believe that the foregoing evidence and our practical experiences conducting this Phase 1 study warrant a positive response to the first question:

*An expanded study along the lines we have pursued thus far is feasible.*

That is not to say, however, that such a study would be easy to conduct or that further work on the methods and goals for such a study are not required. As noted below, expansion of our sources of information on the research that was actually performed (rather than that proposed in the grant application) is one of several important areas for further work. In the following sections, we will summarize our conclusions regarding the sampling of studies, access to materials, and extraction of information about the studies. Before turning to this litany of practical problems that must be faced in a Phase 2 study, it should be noted that there are important benefits to be realized from such an evaluation. In particular,

*There are many important types of knowledge that could be generated in an expanded (and improved) Phase 2 evaluation. Most importantly, these include charting the coverage and trends in coverage<sup>3</sup> of NIH-funded condom use research by the populations targeted, the research methods used, the types of study done, and other characteristics of interest -- as well as assessing the variations across relevant Institutes in their support for condom use research.*

##### **Sampling**

The use of the computerized grant files maintained by DRG can provide some important advantages for any future evaluation. Most importantly ,

- they provide a complete catalog of all studies funded by NIH; and

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<sup>3</sup> As noted previously, there will be some difficulties with reaching conclusions about new applications. It should, however, be feasible to look at trends across, for example the 1980s.

- the availability of abstracts and index terms permits stratification and sampling of projects based upon the content of the research<sup>4</sup>

By prospecting in the computerized files maintained by the DRG we have satisfied ourselves that automated procedures can do a credible job of identifying the universe of relevant behavioral research on condom use funded by NIH. For currently funded research, we were able to develop a strategy which found the vast majority of the 229 studies (77 percent) identified as relevant by the program officers serving on the NIH Technical Advisory group. Since these advisers were program officers with responsibility for research in this area, we believe that this success rate provides a realistic estimate of adequacy of this strategy for current research projects. We would also note that the automated strategy found a non-trivial number of currently funded projects (191) that were not identified by the TAG. Of these studies, we estimate that approximately one-quarter would have been included in our sample. Thus while the automated search will miss some projects that would have been known to a knowledgeable program official working in the area, it will also provide a compensatory coverage of studies that might have been missed by relying only upon the judgment of such informants.

Based on this experience, we conclude the following with regard to selection of studies:

*For both current and past periods, there is great value to combining the identification of studies by knowledgeable informants with an automated search of the DRG database.*

*When knowledgeable informants are unavailable, the automated search alone can do an adequate<sup>5</sup> job of identifying the relevant universe of studies. ("False positives" from an automated search can readily be eliminated by examination of the abstracts prior to sampling.)*

As a corollary of these conclusions, we also have reached a positive conclusion with regard to the feasibility of using abstracts rather than entire applications for the initial identification and sampling of projects.

*Although some relevant studies will be missed, a strategy that relies upon abstracts and index terms provides a reasonable method for sampling studies.<sup>6</sup>*

The foregoing conclusions, though positive, do not warrant complete confidence that this strategy can produce a reasonable representation of behavioral research on condom use across the entire time period 1983-1993. While there is a some consensus that research on condom use was not a major

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<sup>4</sup>As noted subsequently, our ability to do this is constrained by the limitations of the abstracts themselves. Abstracts are a fallible indicator of what is contained in the full research proposal.

<sup>5</sup>That is to say there is sufficient overlap between the universe of studies identified by expert judgment and that obtained by an automated search that we suspect it is unlikely that dramatically different conclusions would be reached. It would, of course, be preferable to use a combination of the two strategies.

<sup>6</sup>We would emphasize that this conclusion applies to identification of the universe of relevant projects and the sampling of projects from this universe. As will be noted subsequently, we recommend using applications as well as other ancillary sources for characterizing the projects themselves -- after they are sampled.

funding area for NIH prior to the AIDS epidemic, the evidence we can adduce is weak. Our 77 percent success rate in reproducing expert judgments for current research relies, in part, upon our ability to identify research whose abstracts used some terms that had not even been coined in 1983, e.g., HIV. When we performed searches without these terms, our success rate diminished markedly. For example, identifying studies coded as involving sexual behavior and risk or prevention in their abstract was successful in reproducing only 58 percent of the list generated by our expert informants.

Thus, we believe there is reason for some concern that an automated strategy will adequately identify the universe of relevant earlier studies. Since this is precisely the area in which most current NIH program officers will be least knowledgeable, we would be concerned about proceeding with a larger study without some assurance in this regard. We would also note that the mere fact that some of the terms used in our searches did not exist across the entire time period raises additional concerns about the cross-temporal equivalence of the sample. Since one would like to use any resultant data to make statements about funding patterns across time, we believe that this is a non-trivial deficiency -- and one that would merit special attention in any further phase of this research. Furthermore, to the extent that we lack confidence in the use of automated searches to identify projects for the early 1980s, alternative search strategies should be considered. In particular, we would recommend that

***Consideration should be given to supplementary identification of "relevant" studies by creative use of bibliographic searches of the scientific literature. Such techniques would seek to expand the scope of the sample by identifying relevant published articles and then extracting information on any NIH grants that have been acknowledged in those articles.***

#### **Access**

The success of any Phase 2 effort will depend crucially upon the continued availability of a cadre of knowledgeable program officers within NIH. As discussed above, we believe that their knowledge has been of great benefit in identifying recent studies for inclusion in the universe of projects to be sampled from. Similarly, the TAG and its working group provided important guidance in designing the coding scheme and in other aspects of the Phase 1 study.

Beyond this advisory role, there is an absolute requirement that there be a representative of each institute who can obtain and coordinate any required access to NIH project files for a Phase 2 study. Our Phase 1 study demonstrated, we believe, that this role is crucial and that it can be burdensome. While a contractor can relieve some of this burden by handling clerical details (e.g., photocopying required materials), file retrieval and intra-NIH liaison must be handled by NIH staff. If a Phase 2 study were to go forward, we believe that

***A representative of each participating NIH ICD should be designated to coordinate any required access to materials from their ICD.***

Our experience during the Phase 1 study also raises questions about privacy considerations. It would seem logical that a contractor acting at the request and under the supervision of an NIH official could have access to materials such as grant applications, annual and final reports, etc. (This access could be made conditional upon the contractor's staff signing appropriate legal instruments binding them to keep confidential any privileged materials.) We believe, however, that before any Phase 2 study is planned,

*Any remaining concerns about privacy considerations in providing materials to staff of a contractor working for NIH must be resolved. Advice should be sought from the appropriate office at NIH.*

With regard to the availability of the required materials, we conclude that

*At least in theory, stored materials appear to be available for an adequate time period for a study of projects funded during the time period 1983-1993.*

It is presently our understanding that for a typical 5-year grant, materials will be kept at the Institute from the time of grant award, throughout the grant period -- including the post-grant period while a final report is outstanding, and then for one additional year after "close-out" of the grant. Subsequently, grant applications and related materials are warehoused in a facility in the Washington metropolitan area for an additional five years. This would suggest that materials (for 5-year grants) would be available for a minimum of 10 to 11 years from the date of award. If a study were to commence this year, it would appear that there would be relatively little loss due to planned discarding of files.

Our own experience obtaining grant applications from NIH files for the present study suggests, however, that some modest percentage of files might not be readily available for other reasons. In the present study 23 of 115 applications (20 percent) could not be readily obtained. While the loss of twenty percent of the sample would be lamentable, we suspect that it would not seriously compromise a larger study. Furthermore, we believe that some of the grant applications that were not accessible during the Phase 1 study could have been obtained from storage with additional time. Thus the percentage of studies for which applications would be inaccessible should be less than twenty percent

#### **Extraction of Information**

While identification and sampling of grant applications appears quite feasible, we believe that the extraction of useful information will provide substantially more challenges. We are confident that some of these challenges can be easily overcome. For example, our preliminary work with the coding scheme developed in collaboration with the TAG made clear the need for more explicit coding rules and procedures for training and monitoring the performance of coders. In a large-scale study, resources for this activity would be available. While there will be inevitable ambiguity involved in capturing some of the information desired by the TAG, we do not believe the problems posed are unique or insurmountable. Thus

*While our evaluability assessment employed a simple template used by a single coder, any formal evaluation will require development of more explicit coding rules, training for coders, and protocols for monitoring inter-coder reliability. We believe that it will be feasible to do so.*

Similarly, we would note that

*There are inevitable problems of non-equivalence in the information available for "completed" versus ongoing research projects.*

For completed projects, there should be both annual and final reports. Furthermore, it should be possible to obtain copies of published articles either from the PI or from searches of the appropriate

bibliographic databases. These materials would record the outcomes of the funded research as well as alterations made in the study design and the success of the study in executing its design. For new studies, nothing may be available beyond the grant proposal. While this non-equivalence of information will require great care in making inferences about trends in research over time, we do not believe that to be fatal flaw. More problematic to our mind is the paucity of information that is available in many grant applications.

*In many areas, the information available in grant proposals was sketchy at best. This paucity of information will compromise the ability of any Phase 2 study to reach conclusions about many topics of interest, such as the adequacy of coverage of population segments of interest (e.g., by racial groups, gender, etc.). Expansion of the information gathering effort beyond grant applications could remedy this situation for completed projects, but it would require substantially more resources than a study restricted to grant applications. There is no obvious remedy for this problem for newly funded grants.*

## ORGANIZATION OF FUTURE WORK

At the request of the Technical Advisory Group, we sketch below some key organizational aspects of a future undertaking. As should be obvious, the actual procedures adopted for any such study will and should be strongly influenced by the preferences of the participating NIH ICDs and, of course, the resources available for conducting any future study.

Let us assume that one were to embark upon a Phase 2 study with the intention of making both policy relevant inferences and judgments that would directly or indirectly be perceived as commenting upon the qualities of NIH-funded condom research. We would suggest that such a study would have three important organizational components:

- an NIH Technical Advisory Group, as noted above;
- a research contractor charged with data collection and analysis; and
- an independent group of experts who would oversee execution of the study and co-author any reports that made inferences concerning the quality of past research or recommended priorities for future finding.

We recommend this tripartite organization in response to the interest expressed during our discussions with the TAG in making assessments of the rigor and quality of the research that was being performed. It was recognized, of course, that all of the funded applications selected for our review had been through NIH's peer-review process which is intended to insure the quality of the proposed studies. Nonetheless, there was a perception that the level of methodological rigor might not be uniformly high across every study.

To some extent, factual information extracted using a coding scheme (such as the pilot scheme included in Appendix 2) could provide some indicators of the quality (or qualities) of funded research. It could not, however, fully capture the underlying notion of research quality. (Indeed, we suspect that no general "coding scheme" could.) Introduction of subjective judgments of "quality" into any future

evaluation would, however, introduce serious risks of error and injury. While we do not know what, if any, solution will ultimately be found, we believe that serious consideration must be given to procedures for making judgments as to the quality of research procedures employed by sampled projects as well as to ways of vetting any recommendations concerning policies for emphasizing (or de-emphasizing) funding in particular areas.

In that regard, we believe that there would be considerable merit to having any future collection and analysis of evaluation data by an NIH contractor and the TAG overseen by an independent panel. That panel might include both persons expert in the methodology and substance of behavioral research on condom use, as well as scientists from other fields knowledgeable about research design and statistics, biomedical research on STDs, and social and behavioral research in related areas. This panel would not be charged with carrying out the data collection. That work would be done by the evaluation contractor working with the NIH TAG -- as in the Phase 1 study.

The independent review group would, however, provide advice and oversight during the of the data collection. Most importantly, when data collection was completed, the panel would author the most sensitive aspects of the resultant report. In particular, conclusions regarding the quality and the adequacy of coverage of topics in past NIH-funded research and any recommendations about future funding priorities would be the domain of the independent panel.

By charging an independent panel with these responsibilities, the NIH officials serving on the TAG and the PI of the evaluation contractor would be spared the onus of making unilateral judgments on matters of great sensitivity. Use of the collective judgment of an expert panel would also help insure that parochial interests did not unduly influence conclusions, and it would insure that a broad range of relevant knowledge and methodological expertise would be reflected in the major conclusions and recommendations of the evaluation.

# **APPENDIX A**

## **List of projects**



Grant ID	Year	Investigator's Name	Institute Name	Project Title
AA00133K05*	90	MILLER, WILLIAM R	UNIVERSITY OF NEW MEXICO ALBUQUERQUE	PROGRAMMATIC TREATMENT INNOVATION RESEARCH
AA00134K21	90	NIXON, SARA J	UNIVERSITY OF OKLAHOMA HLTH SCIENCES CTR	COGNITIVE MODELING- ALCOHOLICS AND AT-RISK YOUTH
AA05595P50	83	BILLINGS, JAMES H	MEDICAL RESEARCH INSTITUTE	SOCIAL EPIDEMIOLOGY OF ALCOHOL PROBLEMS
AA08047R01	88	COOPER, M LYNNE	STATE UNIVERSITY OF NEW YORK AT BUFFALO	ADOLESCENT ALCOHOL USE AND HIGH RISK SEXUAL BEHAVIOR
AA08051R01	91	WINDLE, MICHAEL T	NEW YORK STATE CNCL FOR MTL HYGIENE PLNG	BEHAVIORAL RISK FOR AIDS AMONG ALCOHOLICS
AA08056R01	89	HINGSON, RALPH W	BOSTON UNIVERSITY	DRINKING PRACTICES & BEHAVIORAL RISKS FOR HIV TRANSMISSION
AA08067R01	88			
AA08195R01	90		UNIVERSITY OF MEDICINE & DENTIST	RY OF NJALCOHOL DEPENDENCE-PSYCHOIMMUNOLOGY AND AIDS RISK
AA08233R01	90	STALL, RONALD D	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	AIDS RISK REDUCTION THROUGH SUBSTANCE ABUSE COUNSELING
AA08238R01	90	HULLEY, STEPHEN B	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	HIV RISK AND INFECTION AMONG ALCOHOLICS SEEKING THERAPY
AA08564R01	89	ROOM, ROBIN G	MEDICAL RESEARCH INSTITUTE OF SAN FRAN	EPIDEMIOLOGY OF ALCOHOL PROBLEMS
AA08578R01	90	ROLF, JON E	JOHNS HOPKINS UNIVERSITY	AIDS AND ALCOHOL AND OTHER DRUGS PREVENTION PROJECT FOR NAVAJO YOUTH
AA09185R01	92	MILLSTEIN, SUSAN G	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	THE ROLE OF ALCOHOL IN ADOLESCENT AIDS-RISK BEHAVIORS
AA09315R01	92	STRUNIN, LEE	BOSTON UNIVERSITY	DRINKING, SEX AND HIV RISK AMONG BLACK ADOLESCENTS
AA09320R01	92	SEAGE, GEORGE R	BOSTON HEALTH AND HOSPITALS DEPARTMENT	DRINKING, DRUG USE AND UNSAFE SEX AMONG GAY AND BISEXUAL COUPLES
AA09324R01	92	RYAN, CHRISTOPHER M	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	INTERVENING TO REDUCE DRINKING AND AIDS RISK IN GAY MEN

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
AA09576R03	92	MAHLER, JOHN C	CORNELL UNIVERSITY MEDICAL CENTER	UNSAFE SEX AND UNDETECTED HIV IN ALCOHOLIC INPATIENTS
AA09583R29	92	LANGER, LILLY M	UNIVERSITY OF MIAMI	ALCOHOL USE AND HIV-RELATED RISKY SEX AMONG ADOLESCENTS
AA09705R03	93	LATKIN, CARL A	JOHNS HOPKINS UNIVERSITY	ALCOHOL, HIV SEXUAL RISK BEHAVIORS AND SOCIAL NETWORKS
AI00358Z01	83	QUINN, T C		IMMUNOPATHOGENESIS OF CHLAMYDIA TRACHOMATIS INFECTIONS
AI00361Z01	83	QUINN, T C		IMMUNOLOGIC ALTERATIONS WHICH CORRELATE WITH IMMUNOSUPPRESSION IN AIDS
AI00390Z01	84	LANE, H C		STUDIES OF THE ACQUIRED IMMUNODEFICIENCY SYNDROME
AI05061N01	93	CLEMENTS, MARY LOU	JOHNS HOPKINS UNIVERSITY	AIDS VACCINE EVALUATION UNIT
AI05062N01	93	WRIGHT, PETER F	VANDERBILT UNIVERSITY	AIDS VACCINE EVALUATION UNIT
AI05063N01	93	DOLIN, RAPHAEL	UNIVERSITY OF ROCHESTER	AIDS VACCINE EVALUATION UNIT
AI05064N01	93	BELSHE, ROBERT	ST. LOUIS UNIVERSITY	AIDS VACCINE EVALUATION UNIT
AI05065N01	93	COREY, LAWRENCE	UNIVERSITY OF WASHINGTON	AIDS VACCINE EVALUATION UNITS
AI05072N01	93	MCKINLEY, SONJA	NEW ENGLAND RESEARCH INSTITUTE, INC.	DATA CENTER FOR EPIDEMIOLOGIC INVESTIGATIONS OF HIV
AI15332P50	83	FAHEY, JOHN L	UNIVERSITY OF CALIFORNIA LOS ANGELES	INTERDISCIPLINARY RESEARCH ON IMMUNOLOGIC DISEASE
AI16959P01	83	HUME, JOHN C	JOHNS HOPKINS UNIVERSITY	SEXUALLY TRANSMITTED DISEASE RESEARCH
AI19554P01	83	NAHMIAS, ANDRE J	EMORY UNIVERSITY	EPIDEMIOLOGY AND NATURAL HISTORY OF GENITAL HERPES
AI19719R01	93			
AI20671U01	83	RUBINSTEIN, ARYE	YESHIVA UNIVERSITY	PATHOGENESIS AND EPIDEMIOLOGY OF ACQUIRED IMMUNODEFICIENCY
AI21516R01	84	BARTLETT, JOHN G	JOHNS HOPKINS UNIVERSITY	ENTERIC DISEASES IN A POPULATION AT RISK FOR AIDS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
AI21670R13	84	DRUSIN, LEWIS M	AMERICAN VENEREAL DISEASE ASSOCIATION	INTERNATIONAL CONJOINT S T D MEETING
AI24239R01	87	STEVENS, CLADD E	NEW YORK BLOOD CENTER	AIDS VIRUS INFECTION IN A COHORT OF HOMOSEXUAL MEN
AI24403R18	86	RABIN, DAVID L	GEORGETOWN UNIVERSITY	PHYSICIANS' PREVENTION OF STD/HTLV III INFECTION
AI24643R01	87			
AI24756P01	93			
AI24756P01	93			
AI25702R01	87	MARMOR, MICHAEL	NEW YORK UNIVERSITY	RISK FACTORS FOR HIV INFECTION AMONG HETEROSEXUALS
AI25713R01	87	BROWN, CLYDE P	CHARLES R. DREW UNIVERSITY OF MED	& SCI NATURAL HISTORY OF HETEROSEXUAL AIDS IN LOS ANGELES
AI25773R01	87	FISCHL, MARGARET A	UNIVERSITY OF MIAMI	HETEROSEXUAL TRANSMISSION OF HIV
AI25828R01	87	MAYER, KENNETH H	MEMORIAL HOSPITAL (PAWTUCKET, RI)	HETEROSEXUAL HIV TRANSMISSION IN GREATER PROVIDENCE
AI25831U01	87	BLACKLOW, NEIL R	UNIVERSITY OF MASSACHUSETTS MEDICAL SCH	AIDS IN CENTRAL MASS.-THERAPY, IMMUNITY AND EDUCATION
AI25841R01	87	WOFSY, CONSTANCE B	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	HETEROSEXUAL TRANSMISSION OF HIV TO SEXUAL PARTNERS
AI25849R01	87	YEAGER, HENRY, JR	GEORGETOWN UNIVERSITY	MYCOBACTERIAL-MACROPHAGE INTERACTIONS IN AIDS PATIENTS
AI25868U01	87	LEMON, STANLEY M	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	UNIVERSITY OF NORTH CAROLINA AIDS CLINICAL STUDY GROUP
AI25893U01	87	STEIGBIGEL, ROY T	STATE UNIVERSITY NEW YORK STONY BROOK	SUNY STONY BROOK AIDS CLINICAL STUDIES GROUP
AI25896U01	87	BARBOUR, ALAN G	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	AIDS RESEARCH AND EDUCATION CENTER/AIDS PREVENTION/SOUTH TEXAS OUTREACH
AI25903U01	87	RATNER, LEE	WASHINGTON UNIVERSITY	AIDS CLINICAL STUDY GROUP

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
AI25985R43*	88	IMREY, HARRIET H	UNIVERSITY PARK PATHOLOGY ASSOC, P.C.	RISK APPRAISAL FOR AIDS AND HIV INFECTION
AI26387R44	93			
AI26506P01	88	JOHNSON, WARREN D, JR	CORNELL UNIVERSITY MEDICAL CENTER	COLLABORATIVE AIDS RESEARCH IN BRAZIL
AI27659U01	88	HIRSCH, MARTIN S	HARVARD UNIVERSITY	AIDS CLINICAL TRIALS GROUP
AI27727R01	89	HOOK, EDWARD W, III	JOHNS HOPKINS UNIVERSITY	GENITAL ULCERATION AS A RISK FACTOR FOR HIV INFECTION
AI27757P30	88	HOLMES, KING K	UNIVERSITY OF WASHINGTON	CENTER FOR AIDS RESEARCH
AI27763P30	88	VOLBERDING, PAUL A	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	SAN FRANCISCO CENTER FOR AIDS RESEARCH
AI28076R01	89	PAGANO, MARCELLO	HARVARD UNIVERSITY	STATISTICAL MODEL OF THE AIDS EPIDEMIC
AI28711R01	89	KOTLOFF, KAREN L	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	PREVALENCE OF HIV-1 INFECTION IN COLLEGE STUDENTS
AI28905R29*	90	DE GRUTTOLA, VICTOR	HARVARD UNIVERSITY	STATISTICAL MODELING OF PROGRESSION OF HIV INFECTION
AI29363P01	90	GALLOWAY, DENISE A	FRED HUTCHINSON CANCER RESEARCH CENTER	NATURAL HISTORY OF HUMAN PAPILLOMAVIRUS (HPV) INFECTIONS
AI29507R01	89	MORRISON, DIANE M	UNIVERSITY OF WASHINGTON	UNDERSTANDING THE DECISION TO USE CONDOMS
AI29508R01	89	HOOK, EDWARD W, III	JOHNS HOPKINS UNIVERSITY	CONDOM USE TO PREVENT STDS INCLUDING AIDS IN BALTIMORE
AI29876R01	90	KOOPMAN, JAMES S	UNIVERSITY OF MICHIGAN AT ANN ARBOR	ASSESSMENT OF HIV TRANSMISSION RISKS AND PATTERNS
AI30223U01	90	STERLING, CHARLES R	UNIVERSITY OF ARIZONA	IMMUNOTHERAPY OF CRYPTOSPORIDIOSIS USING MONOCLONALS
AI31055R01	92	BURK, ROBERT D	YESHIVA UNIVERSITY	NATURAL HISTORY OF ACUTE HPV INFECTION IN YOUNG WOMEN
AI31448U01	91	HOLMES, KING K	UNIVERSITY OF WASHINGTON	UNIVERSITY OF WASHINGTON STD COOPERATIVE RESEARCH CENTER

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
AI31494U01	91	JONES, ROBERT B	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	MIDWEST SEXUALLY TRANSMITTED DISEASES RESEARCH CENTER
AI31496U01	91	SPARLING, PHILIP F	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	NORTH CAROLINA STD COOPERATIVE RESEARCH CENTER
AI31498U01	91	BASEMAN, JOEL B	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	SEXUALLY TRANSMITTED DISEASES COOPERATIVE RESEARCH CENTER
AI31499U01	91	SCHACHTER, JULIUS	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	SAN FRANCISCO STD COOPERATIVE RESEARCH CENTER
AI31499U01	91	SCHACHTER, JULIUS	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	SAN FRANCISCO STD COOPERATIVE RESEARCH CENTER
AI31748R43	91	BEERY, MADELINE P	AIDS IMPACT, INC.	THE HIV AIDS ADOLESCENT RISK REDUCTION PROJECT (HAARP)
AI31757R43*	91	WRIGHT, MICHAEL P	SCIENTIFIC SOCIAL RESEARCH, INC.	MICROCOMPUTER SOFTWARE FOR CHLAMYDIA RISK ASSESSMENT
AI31834R01	93	MINKOFF, HOWARD L	HEALTH SCIENCE CENTER AT BROOKLYN	WOMEN'S AIDS COHORT STUDY
AI32475R01	92	ROBINS, JAMES M	HARVARD UNIVERSITY	ANALYTIC METHODS FOR HIV TREATMENT AND COFACTOR EFFECTS
AI32513N01	83	RINALDO, CHARLES R, JR	UNIVERSITY OF PITTSBURGH	NATURAL HISTORY OF ACQUIRED IMMUNE DEFICIENCY SYNDROME
AI32520N01				
AI32535N01	93	PHAIR, JOHN	HOWARD BROWN HEALTH CENTER	THE NATURAL HISTORY OF AIDS IN HOMOSEXUAL MEN
AI32775U01	92	SAAG, MICHAEL S	UNIVERSITY OF ALABAMA AT BIRMINGHAM	ADULT AIDS CLINICAL TRIALS UNIT
AI33118P01	92	STAMM, WALTER E	UNIVERSITY OF WASHINGTON	CHLAMYDIA/PELVIC INFLAMMATORY DISEASE PROGRAM PROJECT
AI34283R43	93	BOTVIN, ELIZABETH	NATIONAL HEALTH PROMOTION ASSOCIATES	AIDS PREVENTION CURRICULA FOR JUNIOR HIGH SCHOOL
AI34723R01	93			
AI34840U01	93	SHEARER, WILLIAM T	BAYLOR COLLEGE OF MEDICINE	WOMEN AND INFANTS TRANSMISSION STUDY (WITS II)

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
A134841U01	93	RICH, KENNETH C	UNIVERSITY OF ILLINOIS AT CHICAGO	WOMEN AND INFANTS TRANSMISSION STUDY-CHICAGO
A134856U01	93	TUOMALA, RUTH E	BRIGHAM AND WOMEN'S HOSPITAL	WOMEN AND INFANTS TRANSMISSION STUDY (WITS II)
A134858U01	93	DIAZ, CLEMENTE	UNIVERSITY OF PUERTO RICO MED SCIENCES	WOMEN AND INFANTS TRANSMISSION STUDY II-PUERTO RICO
A134986U01	93	LEVINE, ALEXANDRA M	UNIVERSITY OF SOUTHERN CALIFORNIA	SOUTHERN CALIFORNIA WOMEN'S INTERAGENCY HIV STUDY
A134989U01	93	GREENBLATT, RUTH M	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	BAY AREA WOMEN'S HIV STUDY
A134994U01	93	YOUNG, MARY A	GEORGETOWN UNIVERSITY	WOMEN'S INTERAGENCY HIV STUDY
A135004U01	93	ANASTOS, KATHRYN M	BRONX-LEBANON HOSP CTR (BRONX, NY)	NATURAL HISTORY OF HIV INFECTION IN WOMEN
A172631N01	87	DETELS, ROGER	UNIVERSITY OF CALIFORNIA LOS ANGELES	NATURAL HISTORY OF ACQUIRED IMMUNODEFICIENCY SYNDROME
A172632N01	87	RINALDO, CHARLES R, JR	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	HISTORY OF ACQUIRED IMMUNE DEFICIENCY IN HOMOSEXUAL MEN
A172634N01	87	POLK, B FRANK	JOHNS HOPKINS UNIVERSITY	THE NATURAL HISTORY OF ACQUIRED IMMUNE DEFICIENCY SYNDROME
A172676N01	87	MUNOZ, ALVARO	JOHNS HOPKINS UNIVERSITY	DATA COORDINATING CENTER /NATURAL HISTORY OF AIDS
A182500N01	93	STABLEIN, DONALD	EMMES CORPORATION	AIDS VACCINE TRIAL DATA COORDINATING AND ANALYSIS CENTER
A182505N01	93	RICH, KENNETH	UNIVERSITY OF ILLINOIS AT CHICAGO	PERINATAL TRANSMISSION OF HIV AND RETROVIRAL INFECTIONS
A182506N01	93	FOX, HAROLD E	PRESBYTERIAN HOSPITAL IN NEW YORK	PERINATAL TRANSMISSION OF HIV AND RELATED RETROVIRUSES
A182507N01*	93	TOUMALA, RUTH	BRIGHAM AND WOMEN'S HOSPITAL	PERINATAL TRANSMISSION OF HIV AND RELATED RETROVIRUSES
A182515N01	88	WINKELSTEIN, WARREN	UNIVERSITY OF CALIFORNIA BERKELEY	NATURAL HISTORY OF AIDS IN HOMOSEXUAL MEN

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
AI85005N01	93	DIAZ, CLEMENTE	UNIVERSITY OF PUERTO RICO MED SCIENCES	COLLABORATIVE PROSPECTIVE COHORT STUDIES OF PERINATAL AIDS
AI95013N01	93	LOURIA, DONALD B	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ	COLLABORATIVE PROSPECTIVE COHORT STUDIES OF HETEROSEXUAL
AI95014N01	93	LANDESMAN, SHELDON H	STATE UNIVERSITY OF NEW YORK AT BUFFALO	HETEROSEXUAL TRANSMISSIONS OF HIV AND RELATED RETROVIRUSES
AI95015N01	93	CORNELL, RICHARD	UNIVERSITY OF MICHIGAN AT ANN ARBOR	DATA COORDINATING CENTER FOR HIV STUDIES
DA00050K05	93	BIGELOW, GEORGE E	JOHNS HOPKINS UNIVERSITY	HUMAN BEHAVIORAL PHARMACOLOGY OF DRUG ABUSE
DA00146K02	90	ANGLIN, M DOUGLAS	UNIVERSITY OF CALIFORNIA LOS ANGELES	DRUG ABUSE TREATMENT-PROCESS, OUTCOMES, & SOCIAL POLICY
DA00178K05	92	BROOK, JUDITH S	NEW YORK MEDICAL COLLEGE	ETIOLOGY AND CONSEQUENCES OF ADOLESCENT DRUG USE
DA00212Z01	91	LANGE, W R		HIV SERO-STATUS IN MISSIONARIES FROM AFRICA, 1968-1983
DA03281R01	86	LIPTON, DOUGLAS S	NEW YORK STATE OFFICE OF ALC AND SUB ABU	MULTI-ASSESSMENT EXPERIMENT INVOLVING METHADONE (MAXIM)
DA03574R01	83	DES JARLAIS, DON C	NEW YORK STATE OFFICE OF ALC & SUB ABUSE	RISK FACTORS FOR AIDS AMONG INTRAVENOUS DRUG USERS
DA04310R01	86	KAPLAN, HOWARD B	BAYLOR COLLEGE OF MEDICINE	BEHAVIORAL CORRELATES OF HTLV-III AND IMMUNE DEFICIENCY
DA04312R01	87	JOHNSON, JOHN P	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	AIDS RISK IN PREGNANT IV DRUG USERS & AND THEIR CHILDREN
DA04315R01	86	KARPATKIN, SIMON	NEW YORK UNIVERSITY	AIDS AND THROMBOCYTOPENIA IN DRUG-ABUSERS AND HOMOSEXUALS
DA04334R01	87	POLK, B FRANK	JOHNS HOPKINS UNIVERSITY	THE NATURAL HISTORY OF HTLV-III INFECTION AMONG DRUG USERS
DA04346R01	87	NURCO, DAVID N	FRIENDS MEDICAL SCIENCE RESEARCH C	ENTER NARCOTIC ADDICTION, AIDS AND INTERVENTION
DA04347R01	87	FRIEDLAND, GERALD H	MONTEFIORE MEDICAL CENTER (BRONX	, NY) DRUG ABUSERS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA04363R01	86	SANDE, MERLE A	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	HTLV-III INFECTION IN SAN FRANCISCO I.V. DRUG USERS
DA04383R01	86	MARMOR, MICHAEL	NEW YORK UNIVERSITY	TRANSMISSION OF HTLV-III/LAV/ARV INFECTION AMONG HETEROSEXUALS
DA04433R01	87	CHITWOOD, DALE	UNIVERSITY OF MIAMI	EPIDEMIOLOGY OF HTLV-III IN INTRAVENOUS DRUG ABUSERS
DA04508R01	87	LEWIS, BENJAMIN F	SPECTRUM HOUSE, INC.	AIDS RISK REDUCTION INTERVENTIONS FOR IV DRUG ABUSERS
DA04722R01	87	THOMSEN, DONALD L	SIAM INSTITUTE FOR MATHEMATICS & SOCIETY	STATISTICAL METHODOLOGY FOR STUDY OF THE AIDS EPIDEMIC
DA04777R01	93	CHAVEZ, ERNEST L	3 COLORADO STATE UNIVERSITY	MEXICAN-AMERICAN DROPOUTS AND DRUG USE
DA04791R01	88	KRASINSKI, KEITH M	NEW YORK UNIVERSITY	NATURAL HISTORY OF HIV INFECTION IN INFANTS OF ADDICTED MOTHERS
DA04833R01	87	WEXLER, HARRY K	NEW YORK STATE OFF OF ALC AND SUBS ABUSE	AIDS RISK REDUCTION AMONG IV DRUG ABUSERS ON PAROLE
DA04841R18	87	KOTRANSKI, LYNNE C	PHILADELPHIA HEALTH MANAGEMENT CORP	PHILADELPHIA IV/AIDS COMMUNITY OUTREACH DEMONSTRATION
DA04899R18	87	EVANS, PATRICIA	SAN FRANCISCO PUBLIC HEALTH DEPARTMENT	AIDS COMMUNITY OUTREACH PROJECT-SAN FRANCISCO/OAKLAND
DA05127R01	87			
DA05142R01	87	BRUNSWICK, ANN F	COLUMBIA UNIVERSITY NEW YORK	MULTIDIMENSIONAL STUDY OF AIDS RISK IN A BLACK COMMUNITY
DA05151R01	87	STEPHENS, RICHARD C	CLEVELAND STATE UNIVERSITY	AN AIDS PREVENTION PROGRAM FOR IV DRUG ABUSERS
DA05152R01	87	COOLEY, PHILIP C	RESEARCH TRIANGLE INSTITUTE	SIMULATION OF IV DRUG EFFECTS ON HIV INFECTIONS AND AIDS
DA05156R18	93	WILLIAMS, MARK L	AFFILIATED SYSTEMS CORPORATION	AIDS COMMUNITY OUTREACH DEMONSTRATION PROJECT
DA05176R18	88	WATSON, DEENA D	DARCO DRUG SERVICES, INC.	AIDS AND IV DRUG USERS-COMMUNITY OUTREACH/EDUCATION

\*Excluded from sample.



Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA05186P50	87	O'BRIEN, CHARLES P	UNIVERSITY OF PENNSYLVANIA	TREATMENT AND PREVENTION OF INTRAVENOUS DRUG ABUSE
DA05208R01	87	GILCHRIST, LEWAYNE D	UNIVERSITY OF WASHINGTON	DRUG USE AMONG PREGNANT AND PARENTING ADOLESCENTS
DA05250R01	89			
DA05271R18	88	MC AULIFFE, WILLIAM E	NORTH CHARLES MTL HLTH RES AND TRNG FDN	BOSTON DEMONSTRATION OF OUTREACH FOR AIDS PREVENTION
DA05276R18	88	DE NEAL, LARRY	DISTRICT OF COLUMBIA DEPT OF HUMAN SRVS	AIDS COMMUNITY OUTREACH DEMONSTRATION PROJECT
DA05277R01	90	ROSENBAUM, MARSHA	SCIENTIFIC ANALYSIS CORPORATION	IV DRUG USE METHADONE MAINTENANCE AND AIDS
DA05281R01	87	CALSYN, DONALD A	UNIVERSITY OF WASHINGTON	AIDS PREVENTION IN IV DRUG USERS
DA05283R18	87	FRIEDMAN, SAMUEL R	NEW YORK STATE OFFICE OF ALC AND SUB ABU	COMMUNITY AIDS-PREVENTION OUTREACH DEMONSTRATION
DA05285R18	87	WIEBEL, W WAYNE	UNIVERSITY OF ILLINOIS AT CHICAGO	AIDS COMMUNITY OUTREACH DEMONSTRATION PROJECT
DA05286R18*	88	MUSIKOFF, HARVEY	NEW JERSEY STATE DEPT OF HEALTH	NEWARK AIDS COMMUNITY OUTREACH DEMONSTRATION PROJECT
DA05289R18*	88	MUSIKOFF, HARVEY	NEW JERSEY STATE DEPT OF EDUCATION	JERSEY CITY AIDS COMMUNITY OUTREACH DEMONSTRATION
DA05312P50	87	VOSS, HARWIN L	027 UNIVERSITY OF KENTUCKY	DRUG ABUSE PREVENTION-A LIFE COURSE PERSPECTIVE
DA05321P50	88	SCHINKE, STEVEN P	COLUMBIA UNIVERSITY NEW YORK	RESEARCH CENTER ON AIDS PREVENTION AMONG MINORITY GROUPS
DA05324R01	87	SEIDLIN, MINDELL	NEW YORK UNIVERSITY	HETEROSEXUAL TRANSMISSION OF HIV TO PARTNERS OF IV DRUG ABUSERS
DA05349R18	87	MCCOY, CLYDE B	UNIVERSITY OF MIAMI	PREVENTION OF HIV/RELATED DISEASE AMONG MIAMI IV DRUG USERS
DA05356R01	87	SCHILLING, ROBERT	COLUMBIA UNIVERSITY NEW YORK	REDUCING RELAPSE & THE SPREAD OF AIDS IN IV DRUG USERS
DA05517R01	88	BROADHEAD, ROBERT S	UNIVERSITY OF CONNECTICUT STORRS	COMMUNITY OUTREACH TO COMBAT THE SPREAD OF AIDS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA05565R01	88	NYAMATHI, ADELINE M	UNIVERSITY OF CALIFORNIA LOS ANGELES	COUNSELING/HIV TESTING FOR AT RISK MINORITY WOMEN
DA05581R01	88	BROWN, LAWRENCE S JR	201 ADDICTION RESEARCH AND TREATMENT	CORP HETEROSEXUAL HIV TRANSMISSION-MINORITY IVDA AND THEIR SEXUAL PATERS
DA05589R01	88	ANGLIN, M DOUGLAS	UNIVERSITY OF CALIFORNIA LOS ANGELES	HIV INFECTION & TRANSMISSION RISK IN HOMOSEXUAL & HETEROSEXUAL IVDU
DA05593R01	89	WOODY, GEORGE E	4-6021 UNIVERSITY OF PENNSYLVANIA	SPREAD OF AIDS IN INTRAVENOUS DRUG USERS
DA05606R01	88	MAGURA, STEPHEN	NEW YORK STATE OFF OF ALC AND SUBS ABUSE	EVALUATION OF IN-JAIL TREATMENT FOR DRUG ABUSERS KEEP
DA05615R01	90	LEWIS, BENJAMIN F	SPECTRUM HOUSE, INC.	COMPREHENSIVE SURVEILLANCE OF HIV IN INTRAVENOUS DRUG USERS
DA05619R01	89	COTTLER, LINDA M	WASHINGTON UNIVERSITY	RISK FACTORS FOR HIV INFECTION IN DRUG USERS AND PARTNERS
DA05673R01	88	STALL, RONALD D	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	PROVISION OF CARE TO INTRAVENOUS DRUG USERS WITH AIDS
DA05702R01	89	BROOK, JUDITH S	MOUNT SINAI SCHOOL OF MEDICINE	DRUG USE AND PROBLEM BEHAVIORS IN MINORITY YOUTH
DA05741R18	88	VOGTSBERGER, KENNETH N	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	AIDS COMMUNITY OUTREACH DEMONSTRATION PROJECT
DA05743R18	88	ROBLES, RAFAELA R	PUERTO RICO DEPT OF ANTI-ADDICTION SRVS	AIDS COMMUNITY OUTREACH & COUNSELING DEMONSTRATION PROJECT
DA05745R18	88	WORTH, ROBERT	HAWAII STATE DEPT OF HEALTH	AIDS RESEARCH & CHOW PROJECT
DA05746R18	88	DEREN, SHERRY	NEW YORK STATE OFF OF ALC AND SUBS ABUSE	HARLEM AIDS OUTREACH AND COUNSELING DEMONSTRATION PROJECT
DA05747R18	88	RHODES, FEN	CALIFORNIA STATE UNIVERSITY LOS ANGELES	AIDS OUTREACH TO IV DRUG USERS, SEX PARTNER'S AND RUNAWAYS
DA05748R18	88	GLIDER, PEGGY J	AMITY, INC.	COMPREHENSIVE COMMUNITY-BASED AIDS OUTREACH/COUNSELING
DA05750R18	88	SCHENSUL, JEAN	INSTITUTE FOR COMMUNITY RESEARCH	COMMUNITY OUTREACH PREVENTION EFFORT

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA05751R18	88	BROADNAX, STANLEY E	CINCINNATI HEALTH DEPARTMENT	REACHING EVERYONE-AIDS AND CINCINNATI'S HEALTH
DA05752R18	88	WOOD, ROBERT W	SEATTLE-KING COUNTY HEALTH DEPARTMENT	CONTROL OF AIDS THROUGH COMMUNITY HEALTH OUTREACH
DA05753R18	88	ODEGAARD, BILLI	OREGON HEALTH DIVISION	OUTREACH & AIDS PREVENTION EDUCATION TO IV DRUG USERS
DA05754R18	88	STEPHENS, RICHARD C	CLEVELAND STATE UNIVERSITY	AIDS EDUCATION TO I.V. DRUG USERS AND SEXUAL PARTNERS
DA05757R18	88	SIEGAL, HARVEY A	WRIGHT STATE UNIVERSITY	DAYTON-COLUMBUS AIDS OUTREACH/PREVENTION PROGRAM
DA05758R18	88	ROUNSAVILLE, BRUCE J	APT FOUNDATION, INC.	AIDS OUTREACH DEMONSTRATION RESEARCH PROJECT
DA05759R18	88	SHORTY, VERNON	DESIRE NARCOTIC REHABILITATION CENTER	NEW ORLEANS, DESIRE AIDS/IV DRUG OUTREACH DEMO RESEARCH
DA05761R18	88	GREEN, ANNETTE	ALLEGHENY COUNTY MENTAL HEALTH D	EPT ALLEGHENY COUNTY OUTREACH/INTERVENTION PROJECT
DA05763R18	88	NEEDLE, RICHARD H	UNIVERSITY OF MINNESOTA OF MNPLS	-ST PAULA PHASE II COMMUNITY BASED AIDS RISK REDUCTION PROJECT
DA05879R18	88	BIERNACKI, PATRICK L	SAN FRANCISCO PUBLIC HEALTH DEPARTMENT	AIDS COMMUNITY OUTREACH DEMONSTRATION RESEARCH
DA05899R01	93	ANDIMAN, WARREN A	YALE UNIVERSITY	PATHOGENETIC AND VIROLOGIC ASPECTS OF PEDIATRIC AIDS
DA05911R01	89	NELSON, KENRAD E	JOHNS HOPKINS UNIVERSITY	INCIDENT AND SEXUALLY TRANSMITTED HIV IN DRUG USERS
DA05942R01	90	MAGURA, STEPHEN	NARCOTIC AND DRUG RESEARCH, INC.	AIDS PREVENTION IN JAIL FOR IV DRUG USERS AND AT-RISK YOUTH (RAP)
DA05952R01	90	MEZZICH, ADA C	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	FEMALE ADOLESCENT DRUG ABUSE-BIOBEHAVIORAL DEVELOPMENT
DA05995R01	90	MANTELL, JOANNE E	NEW YORK CITY HEALTH DEPARTMENT	HIV TESTING/RISK REDUCTION AMONG INNER-CITY WOMEN
DA05999R01	90	BROOK, JUDITH S	MOUNT SINAI SCHOOL OF MEDICINE	AIDS RISK-A STUDY OF MALE DRUG ABUSERS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA06001R01	91	MARMOR, MICHAEL	NEW YORK UNIVERSITY	HIV INFECTION AMONG INTRAVENOUS DRUG USERS
DA06025R01	92	MAYES, LINDA C	YALE UNIVERSITY	LONGTERM EFFECTS OF PRENATAL COCAINE EXPOSURE IN INFANTS
DA06082R18	89	LING, WALTER	FRIENDS MEDICAL SCIENCE RESEARCH CENTER	A TREATMENT RESEARCH UNIT FOR INTRAVENOUS DRUG USERS
DA06086R18	89	BOKOS, PETER J	INTERVENTIONS	SUBSTANCE ABUSE CLIENT CASE-MANAGEMENT PROJECT
DA06097R18	89	SORENSEN, JAMES L	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	IMPROVED OUTPATIENT TREATMENT TO SLOW THE SPREAD OF AIDS
DA06104R18	89	SHOWSTEAD, PHILIP	KING COUNTY DEPARTMENT OF PUBLIC	HEALTH COMPARISON OF THREE LEVELS OF METHADONE INTERVENTION
DA06107R18	89	O'BRIEN, CHARLES P	MERCY CATHOLIC MEDICAL CENTER	TREATMENT RESEARCH UNIT-IV DRUG ABUSE
DA06120R18	89	BIGELOW, GEORGE E	JOHNS HOPKINS UNIVERSITY	TRU-BEHAVIORAL PHARMACOLOGICAL AIDS PREVENTION IN IV DRUG ABUSERS
DA06122R18	89	GALANTER, MARC	NEW YORK UNIVERSITY	BUPRENORPHINE TREATMENT OF HEROIN ADDICTION
DA06124R18	89	INCIARDI, JAMES A	UNIVERSITY OF DELAWARE	ASSERTIVE COMMUNITY TREATMENT FOR HIGH RISK DRUG USERS
DA06128R18	89	MADDUX, JAMES F	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	IMPROVING RETENTION ON METHADONE MAINTENANCE
DA06131R18	89	DE LEON, GEORGE	NARCOTIC AND DRUG RESEARCH, INC.	THERAPEUTIC COMMUNITY METHODS IN METHADONE MAINTENANCE
DA06140R18	89	QUITKIN, FREDERIC M	NEW YORK STATE PSYCHIATRIC INSTITUTE	AIDS PREVENTION-IMIPRAMINE FOR DEPRESSED DRUG ABUSERS
DA06142R18	89	BROWN, LAWRENCE S, JR	ADDICTION RESEARCH AND TREATMENT CORP	NEW THERAPEUTIC INITIATIVES IN METHADONE MAINTENANCE
DA06143R18	89	GRABOWSKI, JOHN	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	BEHAVIOR-PHARM TREATMENTS REDUCING DRUG ABUSE AND HIV SPREAD
DA06145R18	89	NEWMAYER, JOHN A	HAIGHT-ASHBURY FREE CLINICS, INC.	A CLINICAL/BEHAVIORAL PROGRAM TO FIGHT HIV IN DRUG USERS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA06151R18	89	LEWIS, BENJAMIN F	MARATHON HOUSE	AIDS PREVENTION- FOUR RESIDENTIAL TREATMENT MODELS
DA06153R18	89	MILLMAN, ROBERT B	NATIONAL ASSOCIATION/DRUG ABUSE PROBLEMS	COMPREHENSIVE VOCATIONAL ENHANCEMENT PROGRAM FOR MMTP'S
DA06162R18	89	SIMPSON, D DWAYNE	TEXAS CHRISTIAN UNIVERSITY	IMPROVING DRUG ABUSE TREATMENT FOR AIDS-RISK REDUCTION
DA06163R18	89	COTTLER, LINDA M	WASHINGTON UNIVERSITY	ST LOUIS' EFFORT TO REDUCE THE SPREAD OF AIDS IN IVUS
DA06166R18	89	GOTTHEIL, EDWARD	THOMAS JEFFERSON UNIVERSITY	COCAINE AND AIDS-INDIVIDUAL VS GROUP TREATMENTS
DA06168R18	89	HOFFMAN, JEFFREY A	KOBA INSTITUTE	EFFECTIVE TREATMENTS FOR COCAINE ABUSE AND HIV RISK
DA06185R18	89	RAWSON, RICHARD	FRIENDS MEDICAL SCIENCE RESEARCH CENTER	TREATMENT OF STIMULANT USERS TO REDUCE HIV TRANSMISSION
DA06230R01	93	BOTVIN, GILBERT J	CORNELL UNIVERSITY MEDICAL CENTER	REDUCING DRUG ABUSE AND AIDS RISK
DA06234R01	90	FISCHMAN, MARIAN W	JOHNS HOPKINS UNIVERSITY	IV COCAINE ABUSE TREATMENT-A LABORATORY MODEL
DA06250R18	89	ANGLIN, M DOUGLAS	UNIVERSITY OF CALIFORNIA LOS ANGELES	ENHANCED METHADONE MAINTENANCE PROGRAM FOR AIDS CONTAINMENT
DA06326R01	90	MANDELL, WALLACE	JOHNS HOPKINS UNIVERSITY	PREVENTION OF AIDS IN IV DRUG USER NETWORKS
DA06387R01	90	JORDAN, B KATHLEEN	RESEARCH TRIANGLE INSTITUTE	UNDERSTANDING THE AIDS RISK BEHAVIORS OF WOMEN PRISONERS
DA06393R01	90	COHEN, JUDITH B	10 UNIVERSITY OF CALIFORNIA SAN FRA	NCISCO PEER INTERVENTION EFFECT ON HIV RISK IN DRUG USING WOMEN
DA06589R01	90	WIEBEL, W WAYNE	UNIVERSITY OF ILLINOIS AT CHICAGO	AIDS/IVDU SOCIAL NETWORK PANEL STUDY
DA06597R01	91	SATZ, PAUL	CHARLES R. DREW UNIVERSITY OF MED & SCI	NEUROBEHAVIORAL FACTORS IN BLACK MEN AT RISK FOR AIDS
DA06657R01*	93	DEMBO, RICHARD	UNIVERSITY OF SOUTH FLORIDA	DRUG USE AND ITS EFFECTS AMONG HIGH RISK YOUTHS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA06719R01	91	NYAMATHI, ADELINE M	UNIVERSITY OF CALIFORNIA LOS ANGELES	AIDS PROGRAM FOR ADDICTED/HOMELESS MINORITY WOMEN
DA06723R01	90	FRIEDMAN, SAMUEL R	NARCOTIC AND DRUG RESEARCH, INC.	SOCIAL FACTORS AND HIV RISK
DA06832R01	91	ROSENBAUM, MARSHA	SCIENTIFIC ANALYSIS CORPORATION	AN ETHNOGRAPHIC STUDY OF PREGNANCY AND DRUGS
DA06897R18	90	MC CAUL, MARY E	JOHNS HOPKINS UNIVERSITY	FEMALE IV DRUG ABUSERS-IMPACT OF SPECIALIZED CARE
DA06903U01	90	ANDERSEN, MARCIA D	PERSONALIZED CARE, P.C.	LIGHT MODEL-RANDOMIZED CLINICAL TRIAL WITH IV DUS
DA06906U01	90	WILLIAMS, MARK L	AFFILIATED SYSTEMS CORPORATION	COOPERATIVE AGREEMENT FOR AIDS COMMUNITY-BASED OUTREACH
DA06908U01	90		17 UNIVERSITY OF CALIFORNIA SAN FRA	NCISCO AIDS COMMUNITY-BASED OUTREACH/INTERVENTION RESEARCH
DA06910U01	90	MC COY, CLYDE B	UNIVERSITY OF MIAMI	PREVENTION OF HIV-RELATED DISEASES AMONG HIGH RISK USERS
DA06911R18	90	HALL, JAMES A	UNIVERSITY OF CALIFORNIA SAN DIEGO	DRUG ABUSE TREATMENT FOR PREGNANT AND NON-PREGNANT TEENS
DA06912U01	90	CROWLEY, THOMAS J	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	COMMUNITY AIDS PREVENTION-A CROSS-OVER STUDY
DA06915R18	90	SCHOTTENFELD, RICHARD S	APT FOUNDATION, INC.	EFFECTIVENESS OF SERVICES FOR PREGNANT SUBSTANCE ABUSERS
DA06919U01	90	KOTRANSKI, LYNNE C	PHILADELPHIA HEALTH MANAGEMENT CORP	COMMUNITY-BASED MONITORING AND AIDS PREVENTION RESEARCH
DA06944R18	90	SIEGAL, HARVEY A	WRIGHT STATE UNIVERSITY	ENHANCED TREATMENT THROUGH INDUCTION AND CASE MANAGEMENT
DA06948R18	90	INCIARDI, JAMES A	UNIVERSITY OF DELAWARE	A THERAPEUTIC COMMUNITY WORK RELEASE CENTER FOR INMATES
DA06959R18	90	MAGURA, STEPHEN	NARCOTIC AND DRUG RESEARCH, INC.	NEUROBEHAVIORAL TREATMENT-COCAINE-ABUSING METHADONE PATIENTS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA06979R18	90	WERDEGAR, DAVID	43 UNIVERSITY OF CALIFORNIA SAN FRA	NCISCO A CLINICAL TRIAL OF DRUG ABUSE DAY TREATMENT
DA06983R18	90	BROWN, VIVIAN B	PROTOTYPES	NON-TRADIONAL SUPPORTS FOR DRUG ABUSING WOMEN
DA07047R01	90			
DA07059R01	91	SCHILLING, ROBERT F	COLUMBIA UNIVERSITY NEW YORK	REDUCING AIDS AND RELAPSE AMONG FEMALE OFFENDERS
DA07063R01	91	MC AULIFFE, WILLIAM E	NORTH CHARLES MTL HLTH RES AND TRNG FDN	EVALUATION OF OUTREACH FOR PREVENTION OF AIDS IN INTRAVENOUS DRUG USERS
DA07082U01	90	WISH, ERIC D	KOBA INSTITUTE	D C DIAGNOSTIC REFERRAL AND DATA MANAGEMENT UNIT
DA07084U18	93	BESTEMAN, KARST	INSTITUTES FOR BEHAVIOR RESOURCES, INC.	SUBSTANCE TREATMENT AND OUTCOME PROGRAMS-DISTRICT OF COLUMBIA
DA07284U01	92	SINGER, MERRILL C	HISPANIC HEALTH COUNCIL	COMMUNITY OUTREACH PREVENTION EFFORT II
DA07286U01	91	DEREN, SHERRY	NEW YORK STATE DIV ALCOHOLISM/AL	C ABUSE COOPERATIVE AGREEMENT FOR THE PREVENTION OF AIDS
DA07287U01	91	ROBLES, RAFAELA R	PUERTO RICO DEPT OF ANTI-ADDICTION SRVS	CONTINUOUS CARE FOR THE PREVENTION OF HIV RISK BEHAVIORS
DA07288R01	91	HARRIS, RUTH M	UNIVERSITY OF MARYLAND BALT CO CAMPUS	AIDS PREVENTION FOR BLACK WOMEN IN A DRUG USER COMMUNITY
DA07290U01	91	FISHER, DENNIS G	UNIVERSITY OF ALASKA ANCHORAGE	IVDU'S NOT IN TREATMENT IN ALASKA
DA07295U01	91	TROTTER, ROBERT T II	NORTHERN ARIZONA UNIVERSITY	MULTICULTURAL OUTREACH FOR HIV/AIDS/DRUG RISKS
DA07296R01	91	MC AULIFFE, WILLIAM E	NORTH CHARLES MTL HLTH RES AND TRNG FDN	A LONGITUDINAL STUDY OF THE IV-AIDS EPIDEMIC
DA07302U01	91	FLEMING, DAVID W	MULTNOMAH COUNTY HUMAN SERVICES DEPT	TARGETED HIV RISK REDUCTION IN DRUG TREATMENT DROP-OUTS
DA07305U01	91		WRIGHT STATE UNIVERSITY	ENHANCING HIV RISK REDUCTION THROUGH CASE MANAGEMENT

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA07310R01	90	GIBSON, DAVID R	HAIGHT-ASHBURY FREE CLINICS, INC.	MEASUREMENT AND PREDICTION OF AIDS RISK IN IV DRUG USERS
DA07458R29	91	CLAPPER, ROCK L	BROWN UNIVERSITY	DETERRING PREADOLESCENT DRUG AND AIDS-RISKY BEHAVIOR
DA07470U01	91	STEVENS, SALLY J	AMITY, INC.	COMMUNITY OUTREACH PROJECT ON AIDS IN SOUTHERN ARIZONA
DA07474U01	91	RHODES, FEN	CALIFORNIA STATE UNIVERSITY LONG BEACH	AIDS COMMUNITY BASED OUTREACH/INTERVENTION RESEARCH
DA07475U01	91	SHORTY, VERNON	DESIRE NARCOTIC REHABILITATION CE	ENTER NEW ORLEANS COOP AGREEMENT FOR AIDS COMMUNITY OUTREACH/INTERVENTION
DA07613R01	93	KIPKE, MICHELE D	CHILDREN'S HOSPITAL OF LOS ANGELES	DRUG USE AND HIV-RISK SEXUAL BEHAVIORS IN HOMELESS YOUTH
DA07675R01	92	FORD, KATHLEEN	UNIVERSITY OF MICHIGAN AT ANN ARBOR	URBAN MINORITY YOUTH-SUBSTANCE USE AND HIV RISK
DA07694U01	92	WEATHERBY, NORMAN L	UNIVERSITY OF MIAMI	DRUGS/AIDS INTERVENTION AMONG MIGRANT WORKERS
DA07705P50	91	MC LELLAN, A THOMAS	UNIVERSITY OF PENNSYLVANIA	DRUG ABUSE TREATMENT EVALUATION CENTER
DA07900R01	92	CANTERBURY, RANDOLPH J	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	CORRELATES OF AIDS RISK AND DRUG USE IN DETAINED YOUTH
DA07903R01	92	ROTHERAM-BORUS, MARY J	NEW YORK STATE PSYCHIATRIC INSTITUTE	SECONDARY PREVENTION WITH HIV+ YOUTHS IN SF, LA AND NYC
DA07904R01	92	TURNER, BARBARA J	THOMAS JEFFERSON UNIVERSITY	CLINICAL OUTCOMES OF CHILDREN BORN TO HIV-INFECTED MOTHERS
DA07909R01	92	SHAPSHAK, PAUL	UNIVERSITY OF MIAMI	COCAINE/COCAETHYLENE/HIV IN AFRICAN-AMERICAN WOMEN
DA08022U01	93	BIRKEL, RICHARD	20005 Koba INSTITUTE	D.C. AIDS OUTREACH/INTERVENTION RESEARCH PROGRAM
DA08023R01	93	HARRIS, NOREEN V	SEATTLE-KING COUNTY PUBLIC HEALTH	HEALTH DEPT EPIDEMIOLOGIC EVALUATION OF A NEEDLE EXCHANGE PROGRAM
DA08154U01	93	LEUKEFELD, CARL G	UNIVERSITY OF KENTUCKY	AIDS PREVENTION FOR DRUG INJECTORS IN KENTUCKY

\*Excluded from sample.



Grant ID	Year	Investigator's Name	Institute Name	Project Title
DA08322R01	93	MURPHY, SHEIGLA B	SCIENTIFIC ANALYSIS CORPORATION	AIDS PREVENTION-ETHNOGRAPHY OF NEEDLE EXCHANGE
DA08323R01	93	BROOK, DAVID W	NEW YORK MEDICAL COLLEGE	AIDS RISK-A STUDY OF FEMALE DRUG ABUSERS
DA08324U01	93	COTTLER, LINDA B	WASHINGTON UNIVERSITY	EACH-ONE-TEACH-ONE-ST LOUIS HIV RISK REDUCTION STUDY
DA08335R01	93	CELENTANO, DAVID D	JOHNS HOPKINS UNIVERSITY	FAMILY INFLUENCES ON HIV/AIDS PROGRESSION IN IDUS
DA08342R01	92	MALOW, ROBERT M	UNIVERSITY OF MIAMI	PSYCHOEDUCATION AND PREVENTION OF HIV INFECTIONS
DA08402N01	90		UNIV CALIF, SAN FRANCISCO	EVALUATION OF COMMUNITY SERVICE FOR MULTI-PROBLEM STREET YOUTH AT RISK FOR AIDS
DA08474R01	93	ST LAWRENCE, JANET S	JACKSON STATE UNIVERSITY	HIV RISK REDUCTION FOR SUBSTANCE-DEPENDENT ADOLESCENTS
DA78209N01	87		CALIFORNIA SCH OF PROF PSYCHOL	AIDS OUTREACH TO SEXUAL PARTNERS OF INTRAVENOUS DRUG ABUSERS AND PROSTITUTES
DA78211N01	87		MARATHON HOUSE, INC	AIDS OUTREACH TO THERAPEUTIC COMMUNITY CONTACTS AND CLIENTS
DA78214N01	87		NATIONAL CAPITOL SYSTEMS, INC.	AIDS IN-SERVICE TRAINING
DA78215N01	87		NATIONAL CAPITOL SYSTEMS, INC.	AIDS TECHNICAL ASSISTANCE TO STATE AGENCIES AND TREATMENT PROGRAMS
DA78219N01	87		WESTOVER CONSULTANTS, INC.	AIDS PREVENTION AMONG HIGH RISK ADOLESCENT POPULATIONS
DA88229N01	88		THE CIRCLE, INC	AIDS EDUCATION FOR ARRESTED DRUG ABUSERS
DA88231N01	88		NOVA RESEARCH COMPANY	CENTRAL DATA COORDINATING SYSTEM
DA88240N01	88		NOVA RESEARCH COMPANY	AIDS PREVENTION/FEMALE SEXUAL PARTNESS OF IV DRUG ABUSERS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
HD00348Z01*	85	SHIONE, P H		THE USE OF ORAL AND OTHER CONTRACEPTIVES AND CONGENITAL ABNORMALITIES
HD00349Z01*	85	SHIONO, P H		CHROMOSOMAL ABNORMALITIES AND CONTRACEPTIVE USE AROUND THE TIME OF CONCEPTION
HD00379Z01	90	KLEBANOFF, M A		DATA ANALYSIS FROM THE VAGINAL INFECTIONS AND PREMATUREITY STUDY
HD00442K04	83	HEBER, DAVID	LOS ANGELES COUNTY HARBOR-UCLA MED CTR	GONADOTROPIN SECRETION-GNRH AGONISTS ANTAGONISTS
HD00588K04	84	HEBER, DAVID	UNIVERSITY OF CALIFORNIA LOS ANGELES	GONADOTROPIN SECRETION-GNRH AGONISTS ANTAGONISTS
HD00833Z01	85	OVERPECK, M D		OUTCOMES OF DELIVERIES WITH IUD USE DURING CONCEPTION
HD01113Z01	87	LAMB, M E		ANTECEDENTS, CORRELATES, CONSEQUENCES OF ADOLESCENT PREGNANCY AND PARENTHOOD
HD02112Z01	92	AUGUSTYN, M		THE BALTIMORE PROJECT FOR THE PREVENTION OF HIV
HD10699P01	83		UNIVERSITY OF ALABAMA IN BIRMING	HAM PERINATAL INFECTIONS, IMMUNITY AND MALDEVELOPMENT
HD12804N01	83	BERNSTEIN, GERALD S	LOS ANGELES REG FAMILY PLANNING	COUNCIL USE-EFFECTIVENESS STUDY OF CERVICAL CAPS
HD13109N01	91	BERNSTEIN, GERALD S	LOS ANGELES REG FAMILY PLANNING COUNCIL	DEVELOPING AND TESTING A POLYURETHANE CONDOM
HD13110N01	91	MCGLOTHIN, MARK W	APEX MEDICAL TECHNOLOGIES, INC.	DEVELOPING AND TESTING A POLYURETHANE CONDOM
HD13111N01	91	DELSON, DAVID A	NEW DESIGNS CORPORATION	DEVELOPING AND TESTING A MALE CONDOM
HD13135N01	91	SLENKER, SUZANNE	UNIVERSITY OF ALABAMA AT BIRMINGHAM	BARRIER CONTRACEPTION FOR PREVENTION OF SEXUALLY TRANSMITTED DISEASES
HD13459R01	83	SHAIN, ROCHELLE N	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	PSYCHOSOCIAL AND PHYSICAL RESULTS OF TUBAL LIGATION

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
HD13623R01	83	NATHANSON, CONSTANCE A	JOHNS HOPKINS UNIVERSITY	CONTRACEPTIVE CONTINUATION AMONG TEENAGE WOMEN
HD15439R01	83	LANG, DAVID J	UNIVERSITY OF MARYLAND AT BALTIMORE	PREGNANCY IN ADOLESCENCE--FACTORS AFFECTING OUTCOME
HD16137R01	83	ADLER, NANCY E	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	ADOLESCENT DECISION MAKING AND CONTRACEPTIVE BEHAVIOR
HD16504R01	83	HELBIG, DONALD W	DOWNSTATE MEDICAL CENTER	COMPONENTS OF EFFECTIVE FERTILITY REGULATION
HD16568R01	83	TANFER, KORAY	TEMPLE UNIVERSITY	FERTILITY REGULATION AMONG ADULTS
HD16612R01	83	CARD, JOSEFINA J	AMERICAN INSTITUTES FOR RESEARCH	DIFFERENCES IN CONTRACEPTIVE DECISION-MAKING
HD16879R01	83	GRAY, RONALD H	JOHNS HOPKINS UNIVERSITY	PREDICTORS OF OVULATION IN LACTATING WOMEN
HD17183R01	83	ZABIN, LAURIE S	JOHNS HOPKINS UNIVERSITY	CORRELATES OF EFFECTIVE CONTRACEPTION AMONG BLACK TEENS
HD17267R23	84	MORRISON, DIANE M	UNIVERSITY OF WASHINGTON	DETERMINANTS OF EFFECTIVE CONTRACEPTIVE USE
HD17507R01	83	RIDLEY, JEANNE C	GEORGETOWN UNIVERSITY	U S FERTILITY DIFFERENTIALS--COHORT AND PERIOD CHANGES
HD17657R01	83	DALING, JANET R	FRED HUTCHINSON CANCER RESEARCH CENTER	THE EPIDEMIOLOGY OF ECTOPIC PREGNANCY
HD17750R01	83	JORGENSEN, STEPHEN R	TEXAS TECH UNIVERSITY	FERTILITY REGULATION AMONG MEXICAN-AMERICANS
HD18101R01	84	RINDFUSS, RONALD R	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	SOCIOECONOMIC DETERMINANTS OF CONTRACEPTIVE CHOICE
HD18422R01*	84	RYDER, NORMAN B	PRINCETON UNIVERSITY	MEASUREMENT OF THE QUANTUM AND TEMPO OF FERTILITY
HD18811R01	84	POWERS, MARY G	FORDHAM UNIVERSITY	FERTILITY, EMPLOYMENT AND MIGRATION--LIFE HISTORY
HD18970R01	84	CARD, JOSEFINA J	AMERICAN INSTITUTES FOR RESEARCH	DIFFERENCES IN CONTRACEPTIVE DECISION-MAKING

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
HD20361R01	85	EKWO, EDEM E	UNIVERSITY OF IOWA	EPIDEMIOLOGY OF PREMATURE RUPTURE OF AMNIOTIC MEMBRANES
HD20540R01	86	JACCARD, JAMES J	STATE UNIVERSITY OF NEW YORK AT ALBANY	PARENTAL INFORMATION AND COMMUNICATION/PREMARITAL PREGNANCY
HD21528R23	86	MUELLER, BETH A	FRED HUTCHINSON CANCER RESEARCH CENTER	A STUDY OF FACTORS ASSOCIATED WITH FEMALE INFERTILITY
HD21563R01	86	GRADY, WILLIAM R	BATTELLE SEATTLE RESEARCH CENTER	CONTRACEPTIVE SWITCHING AMONG WOMEN IN THE UNITED STATES
HD21696R01	85	BECKMAN, LINDA J	CALIFORNIA SCH OF PROF PSYCH AT LA	THE CONTRACEPTIVE SPONGE--WOMENS BEHAVIOR AND ATTITUDES
HD22152R01	86	JACCARD, JAMES J	STATE UNIVERSITY OF NEW YORK AT ALBANY	PSYCHOSOCIAL DYNAMICS OF FERTILITY REGULATION
HD22194R01	88	KANDEL, DENISE B	COLUMBIA UNIVERSITY NEW YORK	PREGNANCY, PARENTING AND DRUG USE
HD22275R01	87	WEISMAN, CAROL S	JOHNS HOPKINS UNIVERSITY	ADOLESCENT WOMEN'S CONTRACEPTIVE DECISION MAKING
HD22293R01	93			
HD22982R01	86	EISEN, MARVIN B	SOCIOMETRICS CORPORATION	TESTING AN INTERVENTION MODEL FOR TEEN FERTILITY CONTROL
HD23143N01	92	DORFLINGER, LANETTA	FAMILY HEALTH INTERNATIONAL	DEVELOPMENT AND TESTING OF A NEW POLYURETHANE CONDOM
HD23161N44	92	CARD, JOSEFINA J	SOCIOMETRICS CORPORATION	ESTABLISHMENT OF AN AIDS/STD DATA ARCHIVE
HD23172R01	87	SONENSTEIN, FREYA L	BRANDEIS UNIVERSITY	DETERMINANTS OF CONTRACEPTIVE USE IN ADOLESCENT MALES
HD23718R29	88	GOLDMAN, MARLENE B	HARVARD UNIVERSITY	EPIDEMIOLOGIC INVESTIGATIONS OF HUMAN INFERTILITY
HD23880R01	88	ADLER, NANCY E	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	CONSCIOUS/PRECONSCIOUS MOTIVATION IN TEENAGE PREGNANCY
HD23898R01	88	THOMSON, ELIZABETH J	UNIVERSITY OF WISCONSIN MADISON	GENDER AND FERTILITY MOTIVATION
HD24801R01	88	SHAFER, MARY-ANN	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	BIOPSYCHOSOCIAL PREDICTORS OF ADOLESCENT SEXUAL BEHAVIOR

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
HD24802R01	88	NATHANSON, CONSTANCE A	JOHNS HOPKINS UNIVERSITY	FERTILITY-RELATED BEHAVIOR IN STD CLINIC CLIENTS
HD24809R01	88	RESNICK, MICHAEL D	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	IMPACT OF STD'S ON YOUTHS' SEXUAL DECISIONS AND BEHAVIOR
HD24816R01	88	FADEN, RUTH R	JOHNS HOPKINS UNIVERSITY	RISK OF HIV INFECTION & FERTILITY-RELATED BEHAVIORS (HUMAN)
HD24820R01	88	MINKOFF, HOWARD L	HEALTH SCIENCE CENTER AT BROOKLYN	FERTILITY RELATED BEHAVIORS OF WOMEN AT RISK FOR HIV
HD24853R01	88	BECKMAN, LINDA J	CALIFORNIA SCH OF PROF PSYCH	FERTILITY-RELATED BEHAVIOR OF WOMEN AT HIGH RISK OF AIDS
HD24897R01	89	KANOUSE, DAVID E	RAND CORPORATION	HIV INFECTION AND RISK BEHAVIORS IN PROSTITUTES
HD24921R01	88	JEMMOTT, JOHN B, III	PRINCETON UNIVERSITY	REDUCING THE RISK OF SEXUALLY TRANSMITTED HIV INFECTION
HD24934R01	88			
HD24995R01	88	NAQVI, ALI M	WAYNE STATE UNIVERSITY	AIDS EDUCATION FOR CHILDREN AND THEIR PARENTS
HD25021R01	88	HOVELL, MELBOURNE F	SAN DIEGO STATE UNIVERSITY	TEACHING YOUTH SOCIAL SKILLS--AN AIDS PREVENTION TRIAL
HD25372R43	89	WASHINGTON, VIVIAN	BETHUNE-COOKMAN DEVELOPMENT CORPORATION	AIDS PREVENTION TRAINING FOR MINORITY PARENTS
HD25714R01	93	LANDESMAN, SHELDON H	HEALTH SCIENCE CENTER AT BROOKLYN	HIV INFECTION IN DRUG AND NON-DRUG USING WOMEN
HD25934R01	91	RINDFUSS, RONALD R	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	THE AMERICAN TEENAGE STUDY
HD26239R55	91	LEVISON, MATTHEW E	MEDICAL COLLEGE OF PENNSYLVANIA	CONDOM USE IN STD AND FAMILY PLANNING CLINIC POPULATIONS
HD26243R01	91	FORREST, KATHERINE A	AMERICAN INSTITUTES FOR RESEARCH	CONDOM USE DECISION-MAKING BY CALIFORNIA HISPANIC MEN
HD26245R01	91	WULFERT, EDELGARD	STATE UNIVERSITY OF NEW YORK AT ALBANY	CONDOM USE A COGNITIVE SOCIAL LEARNING PERSPECTIVE

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Grant ID	Year	Investigator's Name	Institute Name	Project Title
HD26249R01	90	BIGLAN, ANTHONY	OREGON RESEARCH INSTITUTE	SOCIAL CONTEXT FOR ADOLESCENT HIGH-RISK SEXUAL BEHAVIOR
HD26250R01	90	FORD, KATHLEEN	UNIVERSITY OF MICHIGAN AT ANN ARBOR	A MULTIETHNIC STUDY OF CONDOM USE
HD26265R01	89	WELLS, JAMES A	PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	AIDS RISK REDUCTION AND CONDOM USE IN A NATIONAL SAMPLE
HD26268R01	89	WEINSTEIN, SIDNEY	NCRL	BEHAVIORAL & PHYSICAL INDICES PREDICT CONDOM PREFERENCE
HD26282R01	89	WALDORF, DANIEL O	SCIENTIFIC ANALYSIS CORPORATION	CONDOM USE IN A HIGH-RISK POPULATION
HD26288R01	89	TANFER, KORAY	BATTELLE SEATTLE RESEARCH CENTER	CONDOM USE BY ADULT MEN TO PREVENT AIDS
HD26631R01	89	TANFER, KORAY	BATTELLE SEATTLE RESEARCH CENTER	STDs AND FERTILITY-RELATED BEHAVIOR--A FOLLOW-UP STUDY
HD27035R01	90	HENKER, BARBARA A	UNIVERSITY OF CALIFORNIA LOS ANGELES	CHILDREN AND HEALTH--CONCEPT, CONCERNS, AND COMMUNICATION
HD27114R01	90	?@STANTON, BONITA F	UNIVERSITY OF MARYLAND BALT PROF	SCHOOL DECISION MAKING BY YOUTHS REGARDING AIDS RISK BEHAVIORS
HD27119R01	89	SONENSTEIN, FREYA L	URBAN INSTITUTE	1990 FOLLOW-UP SURVEY OF YOUNG MEN
HD27620R01	93	BILLY, JOHN O	BATTELLE SEATTLE RESEARCH CENTER	CONTEXTUAL EFFECTS ON REPRODUCTIVE BEHAVIOR IN THE U.S.
HD27690R01	93	RINDFUSS, RONALD R	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	TEEN CONTRACEPTIVE BEHAVIOR IN A CHANGING ENVIRONMENT
HD28434R01	93	JACCARD, JAMES J	STATE UNIVERSITY OF NEW YORK AT ALBANY	PARENT-TEEN COMMUNICATION ABOUT PREMARITAL PREGNANCY
HD28842R01	92	ST LAWRENCE, JANET S	JACKSON STATE UNIVERSITY	EVALUATION OF AIDS PREVENTION MODELS FOR MINORITY WOMEN
HD29472R29	92	EAST, PATRICIA L	UNIVERSITY OF CALIFORNIA SAN DIEGO	CONSEQUENCES OF TEENAGE CHILDBEARING FOR SIBLINGS
HD29612R01	92	KOO, HELEN P	RESEARCH TRIANGLE INSTITUTE	LONGITUDINAL STUDY OF NORPLANT CHOICE AND USE DYNAMICS
HD29616R01	93	TANFER, KORAY	BATTELLE SEATTLE RESEARCH CENTER	NORPLANT ADOPTION AND DISCONTINUATION IN THE UNITED STATES

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
HD29638R01	93	DAVIDSON, ANDREW R	COLUMBIA UNIVERSITY NEW YORK	DECISION MAKING CONCERNING NORPLANT USE AND DISCONTINUATION
HD29660R43	93	AVENT, R RICHARD, III	AMERICAN RESEARCH CORP OF VIRGINIA	INTERACTIVE COMPUTER GRAPHICS FOR TEENAGE SEX EDUCATION
HD29990U54	92	BARDIN, C WAYNE	POPULATION COUNCIL	SPECIALIZED CONTRACEPTIVE DEVELOPMENT RESEARCH CENTER
HD30026R43	93	NOELL, JOHN	OREGON CENTER FOR APPLIED SCIENCE	INTERACTIVE VIDEODISC PROGRAM-PREVENTING TEEN PREGNANCY
HD30093U01	92	BROWNE, DOROTHY C	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	REACHING ADOLESCENTS, PARENTS, AND PEERS
HD30097U01	92	RIVARA, FREDERICK P	UNIVERSITY OF WASHINGTON	MINORITY YOUTH BEHAVIOR COMMUNITY BASED RESEARCH
HD30145U01	92	JEMMOTT, JOHN B, III	PRINCETON UNIVERSITY	REDUCING RISK BEHAVIORS AMONG BLACK YOUTH
HD30659R43	93	NOELL, JOHN	OREGON CENTER FOR APPLIED SCIENCE	PHYSICIAN OFFICE-BASED ADOLESCENT PREGNANCY PREVENTION
HD31025R01	93	MONTGOMERY, DIANNE H	FLORIDA STATE UNIVERSITY	HIV PREVENTION AMONG CULTURALLY DIVERSE AT-RISK WOMEN
HD31067R01	93	TURNER, CHARLES F	RESEARCH TRIANGLE INSTITUTE	SURVEY MEASUREMENT OF SENSITIVE BEHAVIORS USING A-CASI
HD32818N01	83	LOUV, WILLIAM C	UNIVERSITY OF ALABAMA IN BIRMINGHAM	STUDY ON SPERMICIDES AND SEXUALLY TRANSMITTED DISEASES
HD52936N01	85	BERNSTEIN, GERALD S	LOS ANGELES REG FAMILY PLANNING COUNCIL	BENZALKONIUM CHLORIDE AS A SPERMICIDAL AGENT
HD52942N01*	85	SAXENA, SUBHASH J	VLI CORPORATION	DEVELOPMENT AND TESTING OF AN IMPROVED SPERMICIDAL CONTRACEPTIVE
HD62934N01	86	DETELS, ROGER	UNIVERSITY OF CALIFORNIA BERKELEY	TRIAL OF BARRIER CONTRACEPTIVES AGAINST HTLV-III
HD62946N01	86	LOUV, WILLIAM C	UNIVERSITY OF ALABAMA AT BIRMINGHAM	PRESENCE OF HTLV-III ANTIBODY AMONG HETEROSEXUAL WOMEN AT HIGH RISK
HD72924N01	87	RINDFUSS, RONALD R	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	CONTRACEPTIVE BEHAVIOR OF TEENAGE WOMEN & THEIR PARTNERS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
HD82907N01	88	LAUMANN, EDWARD O	NATIONAL OPINION RESEARCH CENTER	SOCIAL AND BEHAVIORAL ASPECTS OF HEALTH AND FERTILITY-BEHAVIOR
HL32453R01	84	ENGLEMAN, EDGAR G	STANFORD UNIVERSITY	DETECTION OF THE CARRIER STATE OF AIDS
MH00049K02	83	WARD, INGBORG L	VILLANOVA UNIVERSITY	EFFECTS OF PRENATAL STRESS ON ADULT SEXUAL BEHAVIOR
MH00269K05	92	WYATT, GAIL E	UNIVERSITY OF CALIFORNIA LOS ANGELES	SEXUAL DECISION MAKING AMONG MEN AND WOMEN
MH00779K02	93			
MH00820K01	89	KEMENY, MARGARET E	UNIVERSITY OF CALIFORNIA LOS ANGELES	PSYCHONEUROIMMUNOLOGY AND HIV INFECTION
MH00878K21	90	COCHRAN, SUSAN D	CALIFORNIA STATE UNIVERSITY NORTHRIDGE	PSYCHOSOCIAL METHODOLOGY IN AIDS RISK REDUCTION
MH01101K21	93	CAREY, MICHAEL P	SYRACUSE UNIVERSITY AT SYRACUSE	REDUCING HIV RISK IN URBAN WOMEN USING PARAPROFESSIONALS
MH10264F31	92	WEBSTER, DEBORAH A	VIRGINIA POLYTECHNIC INST AND ST UNIV	COMMUNITY INTERVENTION FOR AIDS RISK REDUCTION IN WOMEN
MH38198R01	84	SHAFFER, DAVID	NEW YORK STATE PSYCHIATRIC INSTITUTE	STUDY OF COMPLETED AND ATTEMPTED SUICIDES IN ADOLESCENTS
MH39326R03	83	HOLLAND, JIMMIE C	MEMORIAL HOSPITAL FOR CANCER & ALLIED DI	CONTROLLED STUDY OF PSYCHOLOGICAL ADJUSTMENT IN AIDS PATIENTS
MH39343R01	84	COATES, THOMAS J	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	A PROSPECTIVE PSYCHOSOCIAL STUDY IN MEN AT RISK FOR AIDS
MH39344R01	93			
MH39346R01	83	JOSEPH, JILL G	UNIVERSITY OF MICHIGAN AT ANN ARBOR	PSYCHOSOCIAL ASSESSMENT IN HOMOSEXUALS AT RISK FOR AIDS
MH39551R01	84	SIEGEL, KAROLYNN	MEMORIAL HOSPITAL FOR CANCER & ALLIED DI	AIDS RISK GROUPS-PREDICTING CHANGES IN SEXUAL PRACTICES
MH39553R01	84	CONANT, MARCUS A	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	THE IMPACT OF AIDS ON SEXUAL BEHAVIOR OF GAY MEN
MH39557R01	84	VANCE, CAROLE S	COLUMBIA UNIVERSITY NEW YORK	MENTAL HEALTH EFFECTS OF AIDS ON AT-RISK HOMOSEXUAL MEN

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Grant ID	Year	Investigator's Name	Institute Name	Project Title
MH40481R01	84	FISCHHOFF, BARUCH	EUGENE RESEARCH INSTITUTE	DECISION MAKING IN PREVENTING SEXUAL ASSAULT
MH40789R01	85	HOLLAND, JIMMIE C	MEMORIAL HOSPITAL FOR CANCER & ALLIED DI	CONTROLLED STUDY OF PSYCHOLOGICAL ADJUSTMENT IN AIDS PATIENTS
MH41228R03	85	JACOBSEN, PAUL B	CORNELL UNIVERSITY MEDICAL CENTER	PSYCHOLOGICAL REACTIONS TO LEARNING HTLV-III TEST RESULT
MH41800R01	86	KELLY, JEFFREY A	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	BEHAVIORAL TRAINING TO REDUCE AIDS AT-RISK ACTIVITIES
MH41841R01	93	WILSON, TIMOTHY D	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	SELF-REFLECTION-ITS EFFECTS, BENEFITS AND DRAWBACKS
MH42023R01	87	MARKS, GARY S	UNIVERSITY OF SOUTHERN CALIFORNIA	ASSESSMENT OF SELF-DISCLOSURE AMONG PATIENTS WITH AIDS
MH42275R01	87	SIEGEL, KAROLYNN	MEMORIAL HOSPITAL FOR CANCER & ALLIED DI	EXPLAINING RISKY AND SAFE SEX PRACTICES AMONG GAY MEN
MH42277R01	86	PERRY, SAMUEL W	CORNELL UNIVERSITY MEDICAL CENTER	PSYCHOEDUCATIONAL INTERVENTIONS AFTER HTLV-III TEST
MH42455P50	86	EISDORFER, CARL	UNIVERSITY OF MIAMI	CENTER FOR BIOPSYCHOSOCIAL STUDY OF AIDS
MH42459P50	86	???HULLEY, STEPHEN B	10 UNIVERSITY OF CALIFORNIA SAN FRA	NCISCO SUBSTANCE ABUSE AND MENTAL HEALTH IN AIDS CENTER
MH42584R01	87	MAYS, VICKIE M	UNIVERSITY OF CALIFORNIA LOS ANGELES	AIDS RISK REDUCTION AMONG BLACK GAY AND BISEXUAL MEN
MH42878R01*	93	SIEGEL, KAROLYNN	SLOAN-KETTERING INSTITUTE FOR CANCER RES	SOCIAL SUPPORT AS A RESOURCE AMONG GAY MEN WITH AIDS
MH42908R01	88	KELLY, JEFFREY A	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	COMMUNITY INTERVENTION TO REDUCE AIDS RISK BEHAVIOR
MH42918R01	87	TAYLOR, SHELLEY E	UNIVERSITY OF CALIFORNIA LOS ANGELES	PSYCHOSOCIAL PROCESSES AS COFACTORS IN AIDS
MH43253R01	87	HEREK, GREGORY M	CUNY GRADUATE SCH AND UNIV CTR	PUBLIC KNOWLEDGE, ATTITUDES, AND BEHAVIOR CONCERNING AIDS
MH43520P50	87	EHRHARDT, ANKE A	NEW YORK STATE PSYCHIATRIC INSTITUTE	HIV CENTER FOR CLINICAL AND BEHAVIORAL STUDIES

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Grant ID	Year	Investigator's Name	Institute Name	Project Title
MH43564P50	93			
MH43713R01*	93			
MH43747R01*	88	BURGESS, ANN W	UNIVERSITY OF PENNSYLVANIA	HIV ANTIBODY TESTING-DEVELOPING GUIDELINES FOR SCREENING
MH43823R01	93	HEREK, GREGORY M	UNIVERSITY OF CALIFORNIA DAVIS	PUBLIC EDUCATION ABOUT AIDS-A SOCIAL PSYCHOLOGICAL APPROACH
MH43892R01	89	CATANIA, JOSEPH A	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	AIDS RISK IN A POPULATION BASED SAMPLE OF THE US
MH43911R01	89	COATES, THOMAS J	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	AIDS RISK REDUCTION AMONG BLACK GAY MEN
MH44099R01	88	ROFFMAN, ROGER A	UNIVERSITY OF WASHINGTON	RELAPSE PREVENTION IN AIDS RISK REDUCTION
MH44142R01	88	KELLER, STEVEN E	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ	THE PSYCHOIMMUNOLOGY OF ADOLESCENTS AT RISK FOR AIDS
MH44149R01	88	KELLY, JEFFREY A	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	EVALUATION OF COUNSELING METHODS FOLLOWING HIV TESTING
MH44191R01	88	OSOFKY, HOWARD J	LOUISIANA STATE UNIV MED CTR NEW ORLEANS	MALE PROSTITUTION AND RISK OF AIDS
MH44345R01	89	MAYS, VICKIE M	UNIVERSITY OF CALIFORNIA LOS ANGELES	HIV IMMUNOLOGIC & PSYCHOSOCIAL FACTORS IN BLACK MEN
MH44587R03	88	WILLIAMS, MARK	COLUMBIA UNIVERSITY NEW YORK	A STUDY OF THE NEGOTIATION OF SAFER SEXUAL PRACTICES
MH44599R01	88			
MH45118R01	89	STIFFMAN, ARLENE R	WASHINGTON UNIVERSITY	BEHAVIOR CHANGE IN YOUNG ADULTS AT RISK FOR AIDS
MH45237R01	88	HALSEY, NEAL A	JOHNS HOPKINS UNIVERSITY	HIV IN STREET YOUTH-EPIDEMIOLOGY AND PREVENTION
MH45238R01	88	O'LEARY, ANN M	RUTGERS THE STATE UNIV NEW BRUNSWICK	SOCIAL COGNITIVE THEORY AND AIDS PREVENTION
MH45294P50*	89	GRANT, IGOR	UNIVERSITY OF CALIFORNIA SAN DIEGO	HIV NEUROBEHAVIORAL RESEARCH CENTER

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
MH45306R01	93	SLONIM-NEVO, VERED	WASHINGTON UNIVERSITY	AIDS PREVENTION FOR TEENAGERS IN RESIDENTIAL CENTERS
MH45470R01	93	LEVY, SUSAN R	UNIVERSITY OF ILLINOIS AT CHICAGO	YOUTH AIDS PREVENTION PROJECT
MH45640R03	91	O'BRIEN, CAROLEEN J	PORTLAND STATE UNIVERSITY	SOCIAL RELATIONSHIPS OF MEN AT RISK FOR AIDS
MH45647R01	89	SACKS, MICHAEL H	CORNELL UNIVERSITY MEDICAL CENTER	HIV RISK/PREVALENCE/CNS EFFECTS IN PSYCHIATRIC PATIENTS
MH45651R01	90	BIGLAN, ANTHONY	OREGON RESEARCH INSTITUTE	SOCIAL COMPETENCE AND PREVENTION OF HIGH RISK SEXUAL BEHAVIOR
MH45661R01	89	WELLS, JAMES A	PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.	ANALYSIS OF AIDS BEHAVIOR CHANGE IN A NATIONAL SAMPLE
MH45668R01	91	JEMMOTT, JOHN B, III	PRINCETON UNIVERSITY	AIDS AND ADOLESCENTS-RISK REDUCTION BY BEHAVIOR INTERVENTION
MH45669R01	90	HOBFOLL, STEVAN E	KENT STATE UNIVERSITY AT KENT	AIDS PREVENTION AMONG YOUNG INNER-CITY WOMEN
MH46220R03	89	WEISS, ROBERT S	UNIVERSITY OF MASSACHUSETTS BOSTON	LIFE ORGANIZATION OF HIV-POSITIVE AND IV-DRUG USERS
MH46224R01	89	FISHER, JEFFREY D	UNIVERSITY OF CONNECTICUT STORRS	AIDS RESEARCH-BEHAVIOR CHANGE-RISK REDUCTION
MH46240R01	89	CATANIA, JOSEPH A	43 UNIVERSITY OF CALIFORNIA SAN FRA	NCISCO AIDS RISKS IN A POPULATION OF OLDER AMERICANS
MH46250R01	93	PERRY, SAMUEL W	CORNELL UNIVERSITY MEDICAL CENTER	TREATMENTS OF DEPRESSION IN HIV-INFECTED OUTPATIENTS
MH46251R01	89	COURNOS, FRANCINE	NEW YORK STATE PSYCHIATRIC INSTITUTE	HIV SEROPREVALENCE/RISK FACTORS IN SEVERELY MENTALLY ILL
MH46392R01	89	EVANS, RICHARD I	UNIVERSITY OF HOUSTON-UNIVERSITY PARK	PSYCHOSOCIAL-FOCUSED MINORITY ADOLESCENT AIDS PREVENTION.
MH46629R03	90	SCHROEDER, HAROLD E	KENT STATE UNIVERSITY AT KENT	IMPLICIT MODELS OF AIDS FOR TWO HIGH RISK POPULATIONS
MH46777R01	89	MARIN, BARBARA A	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	PREDICTORS OF CONDOM USE IN TWO GROUPS OF HISPANICS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
MH46789R01	91	MARIN, BARBARA A	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	INTERVENTIONS TO CHANGE HIV RISK BEHAVIORS IN HISPANICS
MH46792R01	91	ROFFMAN, ROGER A	UNIVERSITY OF WASHINGTON	PHONE COUNSELING IN REDUCING BARRIERS TO AIDS PREVENTION
MH46816R01	90	KEGELES, SUSAN M	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	AIDS INTERVENTION FOR YOUNG HOMOSEXUAL MEN
MH46955R03	90	BRODY, DAVID S	TEMPLE UNIVERSITY	REDUCTION OF AIDS RISK FACTORS AND CONCERNS
MH47059R01	90	MONTANO, DANIEL E	UNIVERSITY OF WASHINGTON	DETERMINANTS OF CONDOM USE TO PREVENT AIDS
MH47167R24	90			
MH47225R01	93	SCHWARTZ, STANLEY A	STATE UNIVERSITY OF NEW YORK AT BUFFALO	PERINATAL HIV INFECTIONS--PREVENTION OF CNS PATHOLOGY
MH47226R01	93	SPIEGEL, DAVID	STANFORD UNIVERSITY	EFFECTS OF PSYCHOLOGICAL TREATMENT ON CANCER SURVIVAL
MH47227R03	90	BAILEY, J MICHAEL	NORTHWESTERN UNIVERSITY	TWIN STUDY OF SEXUAL ORIENTATION, ATTITUDES AND BEHAVIOR
MH47232R03	91	CARBALLO-DIEGUEZ, ALEX	NEW YORK STATE PSYCHIATRIC INSTITUTE	HIV RISK IN LATIN MEN WHO HAVE SEX WITH MEN
MH47233R01	92	HARLOW, LISA L	UNIVERSITY OF RHODE ISLAND	PREDICTING HIV-RISKY HETEROSEXUAL BEHAVIOR IN WOMEN
MH47241R01	90	GILLMORE, MARY R	UNIVERSITY OF WASHINGTON	REDUCING ADOLESCENTS' RISK OF AIDS
MH47248R01	93	WHITT, J KENNETH	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	HIV/AIDS--DEVELOPMENT OF CHILDREN'S UNDERSTANDING
MH47250R01*	90	TURIEL, ELLIOT	UNIVERSITY OF CALIFORNIA BERKELEY	CHILDREN'S SEXUAL KNOWLEDGE--SOCIAL/BIOLOGICAL ASPECTS
MH47252R01	90	IANNOTTI, RONALD J	GEORGETOWN UNIVERSITY	AIDS--CHILDREN'S UNDERSTANDING AND ATTITUDES
MH47649R01	91	LOVELY, RICHARD H	BATTELLE SEATTLE RESEARCH CENTER	SOCIAL NETWORKS OF MINORITY YOUTH AT RISK FOR AIDS

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
MH47656R01*	91	SIEGEL, KAROLYNN	MEMORIAL HOSPITAL FOR CANCER & ALLIED DI	LIVING W/ HIV INFECTION—WHITE-BLACK-HISPANIC DIFFERENCES
MH47673R01	93	SNYDER, MARK	UNIVERSITY OF MINNESOTA TWIN CITIES	SOCIAL AND PSYCHOLOGICAL ASPECTS OF AIDS VOLUNTEERISM
MH48008U01*	90	HARTWELL, TYLER D	RESEARCH TRIANGLE INSTITUTE	MULTI-SITE TRIALS OF BEHAVIORAL STRATEGIES TO PREVENT HIV
MH48013U01	90	O'LEARY, ANN M	RUTGERS THE STATE UNIV NEW BRUNSWICK	COMPARISON OF AIDS PREVENTION STRATEGIES IN HIGH RISK INNER-CITY MEN
MH48019U01	90	CELENTANO, DAVID D	JOHNS HOPKINS UNIVERSITY	TRIALS TO PROMOTE BEHAVIOR CHANGE TO PREVENT HIV SPREAD
MH48068U01	90	STANTON, BONITA F	UNIVERSITY OF MARYLAND BALT PROF SCHOOL	AIDS RISK PREVENTION IN YOUTHS
MH48286R01	92	KELLY, JEFFREY A	MEDICAL COLLEGE OF WISCONSIN	ASSESSMENT AND PREVENTION OF AIDS RISK BEHAVIOR RELAPSE
MH48629R01	92	WYATT, GAIL E	-1769 UNIVERSITY OF CALIFORNIA LOS ANG	ELES AIDS-RELATED DECISION MAKING AMONG WOMEN
MH48630R01	91	DELAMATER, JOHN D	SINAI SAMARITAN MEDICAL CENTER	STD PREVENTION—BEHAVIOR CHANGE IN AN AT-RISK POPULATION
MH48638R01	91	CATANIA, JOSEPH A	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	LONGITUDINAL FOLLOW-UP OF THE AMEN COHORT
MH48642R01	91	CATANIA, JOSEPH A	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	A LONGITUDINAL NATIONAL AIDS BEHAVIORAL SURVEY
MH48848R01	91	ST LAWRENCE, JANET S	JACKSON STATE UNIVERSITY	BEHAVIORAL AIDS RISK REDUCTION WITH MINORITY ADOLESCENTS
MH49031R01	92	KELLY, JEFFREY A	MEDICAL COLLEGE OF WISCONSIN	AIDS RISK REDUCTION FOR THE CHRONIC MENTALLY ILL
MH49037R01	92	SIEGEL, DAVID M	UNIVERSITY OF ROCHESTER	AIDS IN ADOLESCENTS—AN INTERVENTION TO REDUCE RISK
MH49047R01	91	PAGE, JOHN B	UNIVERSITY OF MIAMI	HAITIAN WOMEN AND THE RISK OF HIV INFECTION

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
MH49055U01	91	KELLY, JEFFREY A	MEDICAL COLLEGE OF WISCONSIN	AIDS/HIV PREVENTION FOR COMMUNITY CHRONIC MENTALLY ILL
MH49058U01	91	SCHILLING, ROBERT F	COLUMBIA UNIVERSITY NEW YORK	PREVENTING HIV TRANSMISSION IN WORK-RELEASE PARTICIPANTS
MH49059U01	91	ROTHERAM-BORUS, MARY J	NEW YORK STATE PSYCHIATRIC INSTITUTE	SECONDARY PREVENTION WITH HIV + YOUTHS IN SF, LA AND NYC
MH49062U01	91	MAIBACH, EDWARD W	EMORY UNIVERSITY	SMALL-GROUP SOCIAL-COGNITIVE APPROACH TO HIV PREVENTION
MH49070U01	91	MAGANA, J RAUL	ALTA MED HEALTH SERVICES CORPORATION	AIDS EDUCATION TO EMPOWER LATINO IDU PARTNERS
MH49547R01	92	SUSSER, EZRA S	NEW YORK STATE PSYCHIATRIC INSTITUTE	HIV-RISK BEHAVIOR AMONG HOMELESS MENTALLY ILL MEN
MH49960R01	92	HEREK, GREGORY M	UNIVERSITY OF CALIFORNIA DAVIS	GAY/BISEXUAL IDENTITY AND COMMUNITY IN THE AIDS ERA
MH49967R29	92	DOLCINI, M MARGARET	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	CROWD MEMBERSHIP AND HIV RISK AMONG YOUNG ADOLESCENTS
MH49968R29	92	KOBLIN, BERYL A	NEW YORK BLOOD CENTER	HIV-1 INFECTION IN A HIGH-RISK POPULATION OF GAY MEN
MH50239R01	92	BAUM, MARIANNA K	UNIVERSITY OF MIAMI	THE NUTRITIONAL ASPECTS OF HIV-1 INFECTION IN IVDUS
MH50240R01	92	PAGE, JOHN B	UNIVERSITY OF MIAMI	SOME ASPECTS OF RETROVIRAL INFECTION AMONG IVDUS
MH50416R29	93	BROWN, LARRY K	RHODE ISLAND HOSPITAL (PROVIDENCE, RI)	HIV PREVENTION FOR PSYCHIATRICALY HOSPITALIZED YOUTH
MH50422R01	93	BAKER, SHARON A	UNIVERSITY OF WASHINGTON	SAFER SEX GROUPS FOR WOMEN
MH50423R01	93	PAIKOFF, ROBERTA L	UNIVERSITY OF ARIZONA	FAMILY AND MENTAL HEALTH FACTORS IN ADOLESCENT HIV RISK
MH50508R03	93	FENSTER, LAURA	CALIFORNIA PUBLIC HEALTH FOUNDATION	STRESS AND RISK FOR ADVERSE REPRODUCTIVE OUTCOME
NR01341R01*	86	OAKLEY, DEBORAH	UNIVERSITY OF MICHIGAN AT ANN ARBOR	EXTENDED NURSING CARE FOR CONTRACEPTIVE USE

\*Excluded from sample.

Grant ID	Year	Investigator's Name	Institute Name	Project Title
NR01637R01	86	SWANSON, JANICE M	MERRITT COLLEGE	YOUNG ADULTS' ADAPTATION TO CHRONIC DISEASE
NR02069R01*	88	BUTZ, ARLENE M	JOHNS HOPKINS UNIVERSITY	TRACKING PEDIATRIC AIDS BY NURSES-HIGH RISK INFANTS
NR02198R15	90	BEAMAN, MARGARET L	SOUTHERN ILLINOIS UNIV AT EDWARDSVILLE	PERSUADING PEOPLE TO USE CONDOMS-MESSAGE DEVELOPMENT
NR02510R15	93	MISENER, TERRY R	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	BEHAVIORAL CHANGE VARIABLES IN MEN'S REPRODUCTIVE HEALTH
NR03077R15	92	MARION, LUCY N	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	RISK-RELATED SEXUAL BEHAVIOR-LOW INCOME SEPARATED WOMEN
NR03099R15	93	ABEL, P ELIZABETH	UNIVERSITY OF SOUTH CAROLINA AT COLUMBIA	PREDICTING SEXUAL RISK BEHAVIOR IN RURAL AND URBAN WOMEN
NR03123R01	92	JEMMOTT, LORETTA S	RUTGERS THE STATE UNIV NEWARK	AIDS AND BLACK WOMEN-TESTING RISK BEHAVIOR INTERVENTIONS

\*Excluded from sample.

**APPENDIX B**

**Template Used to Code Projects**



# Template for Abstracting Applications

## Characteristics of Proposed Study Population

ShortID \_\_\_\_\_ Subtask \_\_\_\_\_

Age Specified (y/n)  
Lower \_\_\_\_\_ upper \_\_\_\_\_  
If not: inferred population(s):  
Adolescent (12-18)  
Young adult (18-25)  
Adult (18+)

Gender Male Pct of study population \_\_\_\_\_ Oversampled Y / N  
Female Pct of study population \_\_\_\_\_ Oversampled Y / N  
Specified (y/n)

Race Black Pct of study population \_\_\_\_\_ Oversampled Y / N  
White Pct of study population \_\_\_\_\_ Oversampled Y / N  
Asian Pct of study population \_\_\_\_\_ Oversampled Y / N  
Native American Pct of study population \_\_\_\_\_ Oversampled Y / N  
Specified (y/n)

Ethnicity Hispanic Pct of study population \_\_\_\_\_ Oversampled Y / N  
Non-Hispanic Pct of study population \_\_\_\_\_ Oversampled Y / N  
Specified (y/n)

Sexual Orientation Heterosexual Pct of study population \_\_\_\_\_  
Homosexual Pct of study population \_\_\_\_\_  
Bisexual Pct of study population \_\_\_\_\_  
Specified (y/n)

Geographic scope National  
Regional  
State  
County  
City  
Neighborhood  
\_\_\_\_\_  
Specified (y/n)

SES Income level specified (y/n) describe:  
Education level specified (y/n) describe:

## Study Design and Implementation

Focus Condom use is a primary focus of study (Y/N/E)  
(Exclude if no mention of condoms or risk behavior)  
Reason for exclusion:

Type of study Epidemiologic/descriptive  
Natural history  
Preintervention  
Intervention  
Ethnographic  
Other \_\_\_\_\_

Design Prospective cohort  
Retrospective  
Cross-sectional  
Other \_\_\_\_\_

Sampling method Probability  
Convenience  
Quota  
Other \_\_\_\_\_  
N = \_\_\_\_\_

Sample source Prostitutes  
Drug treatment  
Community outreach  
Homeless  
STD clinic  
Family planning clinic  
Primary care  
Justice  
Household  
Other \_\_\_\_\_

Theory-based Health Belief Model  
Theory of Reasoned Action  
Social Learning Theory  
AIDS Risk Reduction Model  
Other(s) \_\_\_\_\_  
\_\_\_\_\_

Control/comparison Randomly assigned  
Nonrandom assignment  
Pretest/posttest only; no comparison group  
Case/control  
Comparison community  
No comparison

Condom use data collection Personal interview  
Telephone interview  
Self-administered questionnaire  
Diary  
Coupon use/sales  
Other \_\_\_\_\_

Condom-related measures Knowledge, attitudes, beliefs  
Intended behavior  
Use ever/never  
at last intercourse  
by time period: specify \_\_\_\_\_  
by type of partner  
use, other \_\_\_\_\_  
Sex vaginal  
oral  
anal  
Other risk measure

Related measures Alcohol use  
measure(s) used: \_\_\_\_\_  
Drug use  
measure(s) used: \_\_\_\_\_  
HIV incidence prevalence measure: Test Self-report  
STD incidence prevalence measure: Test Self-report Treatment  
Pregnancy  
measure(s) used: \_\_\_\_\_

Analytic procedure Descriptive  
Uni/Bivariate  
Multivariate  
Structural model

**Administrative Information**

For each grant PI  
Organization  
Proposed project period \_\_ / \_\_ / \_\_ to \_\_ / \_\_ / \_\_  
Award year (FY)  
Council date \_\_ / \_\_ / \_\_

**Comments Field**