

MTN-025 Screening Behavioral Eligibility Worksheet

PTID: _____

VISIT CODE: 1.0

VISIT DATE: _____

I am now going to ask you some questions about yourself. Some of these questions are personal and sensitive, but remember that we do not have your name on these papers. All of your answers will be kept confidential.

1	Uma ubungangenela lolucwaningo, ubungavuma yini ukusebenzisa indlela ethembekile yokuhlela umndeni ngesikhathi socwaningo okulindeleke ukuthi ilube unyaka owodwa? Izindlela ezithembekile ezisebenzayo zihlanganisa izindlela ezisebenza ngamahomoni ngaphandle kwe-ringi yokuhlela yasesithweni sangasese sangaphambili, njeng amaphilisi okuhlela, umjovo wokuhlela noma ama-implants, into yokuhlela eshuthekwa ngaphakathi esibeledweni (iluphu) noma ukuvala inzalo.	Yes <input type="checkbox"/>	No <input type="checkbox"/> *
2	Uma ubunga ngenela lolucwaningo, ubungavuma ukungabambi iqhaza kunanoma iluphi olunye ucwaningo oluhlanganisa nemithi, imishini yamadivaysi, imikhiqizo yesitho sangasese sangaphambili sowesifazane noma imijovo yokugoma?	Yes <input type="checkbox"/> ^	No <input type="checkbox"/>

***If the response to item 1 is "NO", assess likelihood of eligibility by enrollment visit and proceed accordingly.**

^In order for the participant to be eligible, the response to item 2 above must be 'YES' at Screening.

To confirm eligibility for the study, ask the participant the following questions and mark her responses accordingly.

3	Ngesikhathi ubambe iqhaza ocwaningweni, olulindeleke ukuthi lube isikhathi esingango nyaka owodwa, ngabe uhlela ukuthutha uyekude nendawo yeklinikhi locwaningo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Ngesikhathi ubambe iqhaza ocwaningweni, olulindeleke ukuthi kube isikhathi esingango nyaka owodwa, ngabe uhlela ukuvakashela kude nendawo yeklinikhi locwaningo amasonto angaphezu kwawu-12 elandelana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Okwamanje uyayisebenzisa Post-exposure prophylaxis (PEP) esetshenziswa emuva kwesigameko isikubeka engcupheni yokutheleleka ngeHIV?	Yes <input type="checkbox"/> ψ	No <input type="checkbox"/>
6	Nngabe uhlose ukuba nengane ngenkathi usocwaningweni, olulindeleke ukuthi kube unyaka owodwa?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
7	Ngabe uncelisa ibele njengamanje?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
8	Ezinyangeni ezimbili ezedlule, ngabe ukewabamba iqhaza kunoma iluphi ucwaningo olusebenzisa imithi, imishini yamadivaysi, imikhiqizo yesitho sangasese sangaphambili sowesifazane noma imijovo yokugoma?	Yes <input type="checkbox"/> *ϕ	No <input type="checkbox"/>

In order for the participant to be eligible, the responses to items 3-4, above must be 'NO'.

ψ PEP use at Screening is not exclusionary. Participants may be enrolled after the PEP regimen is complete and a negative HIV test is documented with 56 days of providing informed consent for Screening. If the response to Item 5 is "YES", assess expected completion date of PEP treatment regimen and schedule the participant's enrollment visit accordingly.

***If the responses to any of items 6-8 are "YES", assess likelihood of eligibility by enrollment visit and proceed accordingly.**

ϕ Participation in MTN-020 or the MTN-025 'Decliner Population' does not preclude MTN-025 full study participation in the future.

(Staff Initials/Date)

Version 1.0, Zulu, dated 13 April 2016