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dd		MMM			yy		

MTN-041 Participant Status Form (PSF)

1.	Was the participant enrolled in MTN-041?	<input type="checkbox"/> 1 Yes → GO TO 3 <input type="checkbox"/> 0 No												
2.	Reason for non-enrollment of MTN-041 <i>[mark all that apply]:</i>	<input type="checkbox"/> 1 Participant not interested <input type="checkbox"/> 2 Eligibility criteria not met, specify _____ <input type="checkbox"/> 3 Other, specify: _____ →END FORM												
3.	Date of enrollment in MTN-041:	<table border="0"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">dd</td> <td colspan="3">MMM</td> <td>yy</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd		MMM			yy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
dd		MMM			yy									
4.	Gender of the participant <i>[mark one]:</i>	<input type="checkbox"/> 1 Female <input type="checkbox"/> 2 Male → GO TO 6												
5.	<i>[For pregnant/breastfeeding females]</i> How was participant's HIV status confirmed?	<input type="checkbox"/> 1 Self-report <input type="checkbox"/> 2 Health record <input type="checkbox"/> 3 Both of the above <input type="checkbox"/> 4 Other, specify: _____												
6.	Date MTN-041 FGD or IDI conducted:	<table border="0"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">dd</td> <td colspan="3">MMM</td> <td>yy</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd		MMM			yy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
dd		MMM			yy									
7.	FGD Number:	41 – F <input type="text"/> <input type="text"/> <input type="text"/> N/A												
8.	FGD participant pseudonym <i>[or N/A]:</i>	_____ <input type="checkbox"/> N/A												
9.	Type of interview conducted <i>[mark one]:</i>	<input type="checkbox"/> 1 Female P & BF FGD → GO TO 11 <input type="checkbox"/> 2 Grandmother FGD → GO TO 11 <input type="checkbox"/> 3 Male Partner FGD → GO TO 11 <input type="checkbox"/> 4 KI IDI <input type="checkbox"/> 5 Other (specify)_____ → GO TO 11												
10.	<i>[For Key Informants]</i> Role in community <i>[mark one]:</i>	<input type="checkbox"/> 1 Clinical doctor <input type="checkbox"/> 4 Nurse <input type="checkbox"/> 2 Social service provider <input type="checkbox"/> 5 Traditional care provider <input type="checkbox"/> 3 Community health worker <input type="checkbox"/> 6 Religious leader <input type="checkbox"/> 7 Other (specify)_____												
11.	Date of termination from MTN-041:	<table border="0"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">dd</td> <td colspan="3">MMM</td> <td>yy</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd		MMM			yy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
dd		MMM			yy									
12.	Reason for termination from MTN-041 <i>[mark one]:</i>	<input type="checkbox"/> 1 Participant completed study <input type="checkbox"/> 2 Voluntary withdrawal <input type="checkbox"/> 3 Inappropriate enrolment <input type="checkbox"/> 4 Other, specify: _____												
<p>Comments:</p> <hr/> <hr/> <hr/>														

Participant Status Form (PSF)

Purpose: This form is used to record participants' MTN-041 enrollment status.

General Information/Instructions: This form will be completed for every potential participant who provides written informed consent.

Overall Instructions: Enter the PTID in the top left corner of this form and the date the form is completed in the top right corner, and initial and date in the bottom right corner. Any information recorded or modified on this form after the original date of completion should be initialed and dated, per GCP.

Item-specific Instructions:

Item	Instruction
2	Record the reason for non-enrollment in MTN-041. If there was more than one reason, mark all responses that apply. If the reason is not specified, mark "other" and describe the reason on the line provided.
3	The date of enrollment is the date that all eligibility criteria were confirmed and certified following written informed consent.
5	'Health record' may include a health passport, antenatal book, HIV test card, or similar document.
6	Enter the date that the IDI or FGD was conducted. If it was conducted on more than one day, enter the date that the interview was started and record a note in the comment box regarding the split visit, which includes the reason for splitting the visit.
11	Enter the termination date. This should be the day that the IDI/FGD is completed or, if the participant enrolled and never completed an interview, the date the participant was terminated by study staff.
12	Enter the reason for termination from MTN-041. If there was more than one reason, mark the main reason. If the reason is not specified, mark "other" and describe the reason on the line provided. If you have reached this question, you are now finished with the form.