**Instructions:** The “Required at visits” column indicates when the item is required during follow-up per-protocol. Procedures do not have to be conducted in the order in which they appear in the checklist. When an item is performed, complete the “Staff Initials” cell. If not done but required, write “ND” and staff initials in “Staff Initials” cell, and provide more details in the chart notes as needed. Do not initial for other staff members. If other staff members are not available to initial items themselves, write and initial/ date a note documenting who completed the procedure, e.g., “done by {name}” or “done by nurse.”

| **GROUP 2 MALE Follow-up Procedures** | | **Staff Initials** |
| --- | --- | --- |
| Visits 3a and 7a (Coitus Visits) | | |
| 1 | Confirm identity and PTID |  |
| 2 | Check for co-enrollment in other studies:   * NOT enrolled in another study ==> CONTINUE * Enrolled in another study ==> Consult PSRT |  |
| 3 | Review elements of informed consent as needed |  |
| 4 | Review/update locator information |  |
| 5 | Confirm continued participant monogamy   * Monogamous ==> CONTINUE * Not monogamous ==> STOP. Terminate participant and partner from study |  |
| 6 | Instruct participant to complete self-administered male behavioral questionnaire. Transcribe results onto Male Practices – Group 2 CRF. |  |
| 7 | Collect follow-up medical/ medications history: review/update AE Log, and Concomitant Medications Log CRFs. |  |
| 8 | Provide modified HIV/STI risk reduction counseling |  |
| 9 | If indicated, NAAT for GC/CT and urine culture |  |
| 10 | Perform and document modified physical exam. Complete Physical Exam – Male form (non-DataFax). |  |
| 11 | If indicated, perform and document genital exam  Complete Genital Exam form (non-DataFax). |  |
| 12 | If STI/RTI/UTI is diagnosed, provide treatment. |  |
| 13 | Provide and explain all available findings and results. Refer for findings as indicated. |  |
| 14 | Provide logistical information and instructions for coitus. |  |
| 15 | Schedule next visit, if applicable |  |
| 16 | Provide reimbursement |  |
| 17 | Review and fax all required DataFax forms to SCHARP DataFax.  **Visits 3a, 7a:**   * Male Practices – Group 2 (Visits 3a, 7a) * Physical Exam – Male (non-DataFax) (Visits 3a, 7a) |  |