

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	Ngati mungalowe mukafukufukuyu, kodi mutha kudzagwiritsa ntchito njira yolera yodalilika kwa nthawi yakafukufukuyu, yomwe tikuyembekezera kuti ndi chaka chimodzi? Njira zodalirikazi zomwe ndikuphatikizapo njira zokhala ndi mahomoni koma osaphatikizirapo njira yolelera ya ling'i yovalira monga mapilisi akumwa, jakisoni yolelera, njira yolera yoyika pamkono, njira yolerera ya Lupu, kapena kutseka.	Yes <input type="checkbox"/>	No <input type="checkbox"/> *
2	Mutati mulowe nawo mukafukufukuyu, kodi mutha kuvomera kuti musatenge nawo mbali mu akafukufuku ena okhuza mankhwala, zipangizo zachipatala, mankhwala ovalira kapena katemera?	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	Panthawi yomwe mukutenga nawo mbali mukafukufukuyu yomwe tikuganiza kuti ndi pafupifupi chaka chimodzi, kodi muli ndi malingaliro wochoka mudera lomwe mukuchitikira kafukufukuyu?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Panthawi yomwe mukutenga nawo mbali mukafukufukuyu yomwe tikuganiza kuti ndi pafupifupi chaka chimodzi, kodi muli ndi malingaliro wochoka mudera lomwe mukuchitikira kafukufuku kwa nthawi yopitirira masabata otsatana 12?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Kodi pakanali pano mukumwa mankhwala oteteza kutengera HIV(PEP) kamba koti munali pa chiopsezo cha HIV?	Yes <input type="checkbox"/> ψ	No <input type="checkbox"/>
6	Kodi muli ndi malingaliro wokhala ndi mwana panthawi yomwe mukhale mukutenga nawo mbali mukafukufukuyu, yomwe tikuganiza kuti ndi pafupifupi chaka chimodzi?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
7	Kodi panopa mukuyamwitsa?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
8	Pa miyezi iwiri yapitayi, kodi munatengapo nawo mbali mukafukufukufu wa mankhwala, zipangizo zachipatala mankhwala ovalira kapena katemera?	Yes <input type="checkbox"/> *⊗	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.**

⊗ 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, Chichewa, dated 13 April 2016