

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	Ukuba ubunokujoyina olu phononongo lophando, ungayisebenzisa indlela esebenzayo yocwangciso-ntsapho kangesithuba sophando, ekulindeleke ukuba ibengunyaka omnye? Iindlela ezisebenzayo ziquka ezisebenza ngeehomoni ngaphandle kweringi yocwangciso-ntsapho, ezifana neziselwayo, iinaliti zocwangciso-ntsapho okanye ii-implanti, isixhobo socwangciso-ntsapho esifakwa esibelekweni, okanye ukuvala inzala.	Yes <input type="checkbox"/>	No <input type="checkbox"/> *
2	Ukuba ubunokujoyina olu phononongo lophando, ungavuma ukuba awusayi kuthatha nxaxheba nakulo naluphi na uphononongo lophando elibandakanya amachiza, izixhobo zonyango, iimveliso zekuku, okanye ugonyo?	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	Ngexesha lokuthatha kwakho inxaxheba kuphando, ekulindeleke ukuba ibengunyaka omnye, ingaba uceba ukufuduka kule ndawo inekliniki yophando?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Ngexesha lokuthatha kwakho inxaxheba kuphando, ekulindeleke ukuba ibengunyaka omnye, ingaba uceba ukuthatha uhambo ungabikho kule ndawo inekliniki yophando kangangeeveki ezili-12 ezilandelelanayo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Ingaba ngokwangoku uthatha i-Post-exposure prophylaxis (PEP) yokubasesichengeni se-HIV?	Yes <input type="checkbox"/> ψ	No <input type="checkbox"/>
6	Ingaba uneenjongo zokuba nomntwana ngeli xesha ukuphando, ekulindeleke ukuba ibengunyaka omnye?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
7	Ingaba uyancancisa ngoku?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
8	Kwiinyanga ezimbini ezidlulileyo, ukhe wathatha inxaxheba kolunye uphononongo lezonyango, lwezixhobo zonyango, lweemveliso zekuku okanye elogonyo?	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, Xhosa, 25 July 2016