**Instructions:** This form should be administered to the female member of the couple privately and away from her partner. Use the table below to document eligibility, including behavioral eligibility, for participation in MTN-045. Mark “Yes” or “No” upon assessment of each criterion. **Questions in italics are to be asked verbatim of participants.** Other eligibility items should be confirmed by reviewing applicable source documentation. Administer all questions on this checklist. The IoR/designee will document the couple’s final eligibility determination on the *Eligibility Confirmation Form.*

**Read the following statement to the participant before administering the eligibility worksheet:**

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

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| --- |
| **Inclusion/Exclusion Criteria – Females** |
|  | **Able and willing to provide written informed consent**Source: Signed/Marked Screening and Enrollment Informed Consent Form | Yes 🞎 | No 🞎 |
|  | ***If you were to join this research study, are you able and willing to complete the required study procedures?***[SITES TO INSERT TRANSLATION IN LOCAL LANGUAGE WHEN FINALIZED] Source: this form | Yes 🞎 | No 🞎 |
| 1.
 | ***Are you currently in a relationship with a man and have you been together for at least 3 months (living together or not)?***Source: This form | Yes 🞎 | No 🞎 |
|  | ***Do you and your partner have children together?*** | Yes 🞎 | No 🞎 |
|  | ***Are you interested in contraception and/or HIV prevention?***Source: This form | Yes 🞎 | No 🞎 |
|  | ***Are you currently employed?*** | Yes 🞎 | No 🞎 |
|  | **Aged 18-40 years (inclusive)**Source: As specified in site SOP | Yes 🞎 | No 🞎 |
|  | ***To the best of your knowledge, is your HIV status negative?***Source: This form | Yes 🞎 | No 🞎 |
|  | ***Are you and your partner married to each other?*** | Yes 🞎 | No 🞎 |
| 10a. | ***Based on what we said about the study, do you have any concerns that your participation could create or increase harmful conflict between you and your partner?*** | Yes 🞎 | No 🞎 |
| 10b. | ***Are you still willing to participate in the study with your partner as a couple?*** | Yes 🞎 | No 🞎 |
| 10c. | **Has any significant medical condition or other condition that, in the opinion of the Investigator of Record (IoR)/designee, would preclude informed consent, make study participation unsafe (including risk for IPV as a result of study participation), complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives.**Source: Chart notes and/or this checklist | Yes 🞎 | No 🞎 |

**For the participant to be eligible, responses to items 1-3, 5, 7, 8, and 10b must be “Yes” and the response to item 10c must be “No.”**