**INSTRUCTIONS:** Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to each procedure they completed themselves, add a note on the checklist documenting who completed the procedure, initial and date this entry, e.g., “done by {staff initials}” or “done by nurse.” If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why (if not self-explanatory); initial and date this entry.Use a new Rectal Exam Checklist for each study visit at which a rectal exam is performed.

| **Procedure** | **Required at Visit(s)** | **Staff Initials or NA** |
| --- | --- | --- |
|  | Prepare for exam: * Ready exam equipment, documentation, and specimen collection supplies; label as needed.
* Explain exam procedures to participant and answer any questions.
* Position and drape participant comfortably.
 | * Screening
* Enrollment
* Visits 3, 5, 7
* Other visits if indicated
 |  |
|  | Palpate the inguinal lymph nodes to assess for enlargement and/or tenderness.  | * Screening
* Other visits if indicated
 |  |
|  | Perform naked eye examination and evaluate for abnormalities of the external genitalia including anus, perineum and perianal area. Document findings on the **Anorectal Exam CRF**.  | * Screening
* Enrollment
* Visits 3,5, 7
* Other visits if indicated
 |  |
|  | Alabama and Bridge HIV: Collect 1 rectal swab for anorectal **HSV 1/2 testing**. Document results on **STI Test Results CRF**. | * Only if indicated at ALL visits
 |  |
|  | Collect 1 rectal swab for NAAT for GC/CT. Document results on **STI Test Results CRF**. | * Screening
* Visit 7
* Other visits if indicated
 |  |
|  | Perform digital rectal examination and evaluate for abnormalities.  | * Screening
* Enrollment
* Visit 3, 5, 7
* Other visits if indicated
 |  |
|  | Prepare and insert anoscope and evaluate rectal mucosa for abnormal findings. Document findings on **Anorectal Exam CRF**.  | * Screening
* Enrollment
* Other visits if indicated
 |  |
| **Comments:** |
|  |