

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	Kana kurikuti mukapinda mutsvakurudzo yeongororo ino, mungazoda here kushandisa nzira yekuronga mhuri inoshanda zvakasimba panguva yetsvakurudzo, inotarisirwa kuti ingangova gore rimwe? Nzira dzinoshanda zvakasimba dzinosanganisira nzira dzine <i>mahormone</i> , dzisiri ring yekuronga mhuri, dzakaita semapiritsi ekuronga mhuri, majekiseni ekuronga mhuri kana zvipfekerwa zvinoiswa pasi peganda paruoko (implants), <i>loop</i> , kana kusungwa machubhu.	Yes <input type="checkbox"/>	No <input type="checkbox"/> *
2	Kana kurikuti mukapinda mutsvakurudzo yeongororo ino, mungazobvuma here kusapinda mune chero dzimwe tsvakurudzo dzeongororo dzinoshandisa mishonga, zvigadzirwa zvemishonga, zvigadzirwa zvinopfekwa munzira yesikarudzi yemudzimai kana mishonga yokudzivirira (vaccines)?	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	Pamuchange muri mutsvakurudzo, zvinotarisirwa kuva nguva ingangoita gore rimwe, munoronga kutama kubva munharaunda yekiriniki yetsvakurudzo here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Pamuchange muri mutsvakurudzo, zvinotarisirwa kuva nguva ingangoita gore rimwe, munoronga kufamba kubva munharaunda yekiriniki yetsvakurudzo kwenguva inodarika masvondo gumi nemaviri (12) akatevedzana here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Parizvino murikutora mishonga yokuzvidzivirira mushure mekunge mapinda munjodzi yokubatira HIV here?	Yes <input type="checkbox"/> ψ	No <input type="checkbox"/>
6	Murikuronga kuita mwana pamuchange muri mutsvakurudzo, zvinotarisirwa kuva nguva ingangoita gore rimwe here?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
7	Parizvino muri kuyamwisa here?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
8	Mumwedzi miviri yapfuura, makanga muri muneimwe tsvakurudzo yeongororo inoshandisa mishonga zvigadzirwa zvemishonga, zvigadzirwa zvinopfekwa munzira yesikarudzi yemudzimai kana mishonga yokudzivirira (vaccines) here?	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, Shona, 06May2016