**Data entry (Sign) \_\_\_\_\_\_\_\_**

**Ashodaya Samithi**

**PrEP demonstration project**

**3. Initial eligibility screening questionnaire**

**Screening visit**

**Site:**

**Participant unique ID number:**

**TI number: \_\_ (1: FSW1 TI, Mysore, 2: FSW2 TI, Mysore, 3: Rural CC TI, Mysore,**

**4: FSW TI, Mandya)**

**Date:**

**Name and designation of person completing this form:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Topic** | **Question** | **Answer choices** | **Notes** |
| 1 | Consent | *[For interviewer to complete]*  Is the participant willing and able to provide informed consent to participate in the study? | 1. Yes  2. No | Participant not eligible |
| 2 | Age | How old are you? | \_\_\_\_ Age in completed years | If less then 18 years participant not eligible |
| 3 | Current residence | Where do you currently live? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/town/village/neighborhood  [Categorize as in project area?] |  |
| 4 | Future residence | Do you plan to live in this area [specify for each site] for the next 2 years? | 1. Yes  2. No | Participant not eligible |
| 5 | Sex work status | Have you received goods or money in exchange for sex in the past 3 months? | 1. Yes  2. No | Participant not eligible |
| 6 | PrEP interest | Are you interested in taking a daily pill that will reduce your risk of HIV (PrEP)? | 1. Yes  2. No | Participant not eligible |
| 7 | HIV status | Have you ever been told by a health care worker that you are HIV-infected? | 1. Yes  2. No | Participant not eligible |
| 8 | Pregnancy | Are you currently pregnant? | 1. Yes  2. No  98. Not sure | Participant not eligible |

**Participant eligibility status:**

[ ] Did not complete screening: End form

[ ] Not eligible:End form

[ ] Eligible (age 18+, yes to questions 1 and 3-6): Follow enrollment procedures below

[ ] Eligible but did not enroll: list reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next steps – enrollment procedures for those screening eligible:**

1. Mark eligibility in master list ………………………………………………………

2. Provide information about PrEP and the demonstration project procedures ….

3. Complete clinical procedures:

- Medical screening …………………………………………………………..

- HIV testing……………………………………………………………………

- Urine pregnancy test………………………………………………………..

- Laboratory testing (liver function, kidney function, hemoglobin)…………

- STI syndromic screening and management……………………………….

- Hepatitis B, Hepatitis C, and Syphilis testing………………………………

- Cervical cancer screening……………………………………..…………….

-Radiology: Chest X-Ray and U/S abdomen

4. Schedule appointment for PrEP initiation visit in approximately 1 week……….