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**Social Harm Report Visit Month**

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| Screening ID:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Screening Number* | Participant ID:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Couple I/P Chk* | Visit Date:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* |

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| ***The following questions are not interviewer-administered. Please collect the following information in a culturally appropriate way in the context of a counseling session.*** | | | | | |
| **1** | **Was the participant verbally abused by his or her study partner?** | yes | no | *If no, go to item 2.* | |
| **1a** | How often? | | |  | |
| **2** | **Was the participant physically abused by his or her study partner?** | yes | no | *If no, go to item 3.* | |
| **2a** | How often? | | |  | |
| **3** | **Was the participant economically abused by his or her study partner?** | yes | no |  | |
| **4** | **Was the participant abused by his or her study partner in any other way (not fitting into the categories of verbal, physical, or economic abuse)?** |  |  | *If yes, go to item 6.* | |
| **5** | **What were the consequences of the abuse? *Mark all that apply.*** | | | | |
| i | *relationship break-up* | | | |  |
| ii | *loss of income or economic support* | | | |  |
| iii | *loss of employment* | | | |  |
| iv | *change of residence* | | | |  |
| v | *loss of custody of children* | | | |  |
| vi | *Other :* | | | | |
| vii | *None* | | | |  |
| 6 | Concisely describe the social harm: | | | | |

**Completed by:** *(initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Forms Instruction**

The **Social Harm Report** CRF is not interviewer-administered. The questions should be asked in a culturally appropriate way in the context of a counseling session.

The use of this form is triggered by the response to item 10 on the **Index Enrollment Medical History** CRF, item 20 on the **Partner Enrollment Medical History** CRF, item 6 on the **Follow-up Sexual Behavior** CRF, or in response to a report of social harm during a counseling session.

Abuse can be:

* verbal, like yelling, name calling, or threatening; or
* physical, like hitting or slapping or forcing someone to have sex against their wishes; or
* economic, like withholding money, or not allowing someone to have money to buy food

Other actions may also be considered abusive.

**Item-specific Instructions:**

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| **Screening ID** | Screening IDs will be assigned from the site list and are unique to the individual. They are numeric and should be assigned sequentially. The Index Screening ID is assigned to the HIV-positive participant, and the Partner Screening ID is assigned to the HIV-negative participant. |
| **Participant ID** | Participant IDs are assigned from a list provided by the PROJECT. They are assigned once eligibility has been determined and the subject has been enrolled. The Participant ID should be left blank until the eligibility status of the participant is known. If eligible, the Participant ID should be entered and initialed and dated (if being added on a different date). If the participant is not eligible, then the Participant ID should be left blank. |
| **Items 1a & 2a** | If completed at Enrollment, ask in reference to last 3 months. For follow-up visits, enter the number of times total since the last visit. If participant responds with a frequency per week or per month, multiply by the number of weeks or months since the last visit.  Example: If participant is abused twice per week during a 3-month period, multiply 2x4x3 = 24 times total. |
| **Item 6** | This is a required item on this form. Do not leave this blank. |