**Index Drug Dispensing Record**

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 VISIT MONTH:

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| Screening ID:

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 *Site Study Screening Number* | Participant ID:

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*Site Study Couple I/P Chk* | Visit Date:

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| ***1*** | At this visit, is the participant eligible for ARVs under current national guidelines? | **Yes**  |  | **No**  |  | ***If no, end of form.*** |
| **2a** | Is the participant already on ARVs? | **Yes**  |  | **No**  |  | ***If no, go to item 3.*** |
| **2b** | Where is the participant getting his / her ARVs? | **onsite** |  | **Off site (specify)** |
| **3** | Is the participant being offered ARVs today? |
| **i.** | *ARVs offered on site*  | **Yes**  |  | **No**  |  |
| **ii.** | *participant referred to off site* | **Yes**  |  | **No**  |  |
| **iii.** | *not offered or referred, explain:* | ***End of form.*** |
| **3a** | Did the participant accept ARVs? *Mark all that apply.* |
| **i.** | *accepted on site* | **Yes**  |  | **No**  |  |
| **ii.** | *declined on site* | **Yes**  |  | **No**  |  |
| **iii.** | *accepted referral* | **Yes**  |  | **No**  |  |
| **iv.** | *Declined referral* | **Yes**  |  | **No**  |  |
| **3b** | ***If ARVs accepted on site today,*** list all ARVs dispensed |
| **4** | ***Comments*** |

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

**Forms Instruction**

The **Index Drug Dispensing Record** CRF is completed at Enrollment and all follow-up visits using previous CD4 count results that have already been returned and faxed after the visit.

**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. |
| **CRF not****administered** | If this form is not administered at a required visit, then it must still be faxed with the “CRF not administered” box marked. It is not necessary to line through the entire form and write “not administered.” |
| **Item 1** | Determine if the participant is eligible for ARVs based on most recent lab results. If the participant has had lab results outside of the study that have indicated their eligibility for ARVs, provide these details in the Comments (item 4). |
| **Item 2** | For the purposes of this CRF, please consider ARVs to pertain to drug regimens that include at least 3 drugs. Thus, women using 1 or 2-drug ARV regimen for PMTCT purposes are not currently on ARVs and item 2 should be marked as "no." For these women, please provide an explanation in item 3 under “other, explain.” |
| **Item 3** | If the participant is eligible for ARVs but is not being offered or referred for them at this visit, provide an explanation. Use the Comments section (item 4) to provide more details if necessary. |
| **Item 3b** | Provide the generic drug name for all ARVs that are being dispensed to the participant. |