**Index Enrollment Medical History Visit Code 01.00**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | **Indicate the most advanced WHO stage:** | | | | | | | | | | | |
| a | *Stage 1* | | | | | Yes | | No | |  | | |
| b | *Stage 2* | | | | | Yes | | No | |  | | |
| c | *Stage 3* | | | | | Yes | | No | | Ineligible | | |
| d | *Stage 4* | | | | | Yes | | No | | Ineligible | | |
| 2 | **Date of first known positive test for HIV:** | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* | | | | | | |
| 3 | **Is the participant followed in an HIV care program?** | | | | | Yes | | No | |  | | |
| 4 | **In the last month, has the participant been too sick to work or do daily activities?** | | | | | Yes | | No | | If no go to 5 | | |
| a | Number of days missed: | | | | | \_\_\_\_\_\_\_ days | | | | | | |
| 5 | In the past week, has the participant used a bednet? | | | | | Yes | | No | |  | | |
| 6 | ***If currently taking ARVs, participant is ineligible.*** | | | | | | | | | | | |
| a | Has the participant ever taken ARVs for treatment? | | | | | Yes | | No | | If no go to 6d | | |
| b | Has the participant ever taken ARVs for PMTCT? | | | | | Yes | | No | | If no go to 6d | | |
|  | List ARVs taken, ***then go to item 7***: | | | | |  | | | | | | |
| 6d | **Why did the participant not take ARVs? *Mark all that apply.*** | | | | | | | | | | | |
|  | *not eligible for ARVs* | | Yes | No | | *repeat CD4 count > 350 or clinic said wasn’t eligible* | | | | | Yes | No |
|  | Stigma | | Yes | No | | *adherence was too difficult* | | | | | Yes | No |
|  | Feeling healthy | | Yes | No | | *pre-treatment processing(in queue at ART center)* | | | | | Yes | No |
|  | *fears / has experienced* *bad side effects* | | Yes | No | | *transportation costs* | | | | | Yes | No |
|  | *clinic was not supportive* | | Yes | No | | Newly diagnosed | | | | | Yes | No |
|  | *no ART slots at the clinic* | | Yes | No | | Others | | | | |  | |
| 7 | **Is the participant currently taking cotrimoxazole?** | | | | | Yes | No | |  | | | |
| 7a | **Reason for taking cotrimoxazole: *Mark all that apply.*** | | | | | | | | | | | |
|  | *prophylaxis* |  | *toxoplasmosis treatment* | | | | | | | |  | |
|  | *PCP treatment* |  | Others (specify | | | | | | | | | |
| 8 | **Is the participant currently taking isoniazid or another medication as *prophylaxis* for TB?** | | | | Yes | | No | |  | | | |
| 9 | **Has the participant been treated for TB before?** | | | | Yes | | No | | If no, go to 10 | | | |
| 9a | Is the participant currently being treated for TB? | | | | Yes | | No | | *yyyyy* | | | |
| 10 | **In the past three months, has the participant been verbally, physically, or economically abused by his or her study partner?** | | | | Yes | | No | | If yes complete social harms form | | | |
| 11 | ***Female only:* Is the participant currently pregnant?** | | | |  | |  | | If yes complete pregnancy report | | | |

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

**Forms Instruction**

The **Index Enrollment Medical History** is not an interviewer-administered CRF. Do not read all items to the participant. This CRF should be completed by a clinician.

**Item-specific Instructions:**

|  |  |
| --- | --- |
| **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. |
| **Item 1** | Indicate the most advanced stage in which ***any*** box has been marked in Items 1-4 on the **WHO Adult HIV Staging System (WHO)** CRF. |
| **Item 3** | An HIV care program is any HIV primary care program (Comprehensive Care Center, Basic Care Package, etc.). These can take place at either a public, private, or NGO facility. |
| **Item 4** | “In the last month” refers to behavior occurring during the last thirty days. |
| **Item 6** | If the participant is currently taking ARVs for reasons other than PMTCT, he/she is ineligible for the study. |
| **Item 6a** | Choose “no” if the participant had been eligible for ARVs but did not use them. |
| **Item 6b** | PMTCT refers to prevention of mother to child transmission of HIV. |
| **Item 6c** | Please list either generic name of the ARVs or abbreviation. |
| **Item 6d** | Choose “not eligible for ARVs” if the participant has never been eligible for ARVs. |
| **Item 7a** | Mark all that apply based on review of participant’s medical history. The choices do not need to be read aloud to the participant. |
| **Item 8** | Please mark yes only if participant is taking prophylaxis and is not being treated for active TB. |
| **Item 9b** | If the participant has been treated for TB multiple times, write the year of the most recent treatment. |
| **Item 10** | This question is asked at this time because it is likely to be the most private time without the other partner. It is not interviewer-administered, and should be asked in a culturally appropriate way in the context of 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 taking money away.  Other actions may also be considered abusive.  If the answer to this question is “yes,” please complete the **Social Harm Report** CRF. |
| **Item 11** | Current pregnancy among index participants is not a study exclusion criterion. Index participants who are pregnant may enroll. If the answer to this question is “yes,” please complete the **Pregnancy Report** CRFs. |