**Partner 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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| **Partner Enrollment Medical History** *Items 1-19 are interviewer-administered questions and should be read aloud directly as written* | | | | | | | |
|  | **In the past 60 days, have you experienced any of the following?** | Yes | No | Don’t know | **If yes, for how many days?** | Ongoing | |
| No of days | Yes | No |
| 1 | Fever |  |  |  |  |  |  |
| 2 | Fatigue |  |  |  |  |  |  |
| 3 | Sore throat |  |  |  |  |  |  |
| 4 | Rash |  |  |  |  |  |  |
| 5 | Headache |  |  |  |  |  |  |
| 6 | Shortness of breath or cough |  |  |  |  |  |  |
| 7 | Abdominal pain |  |  |  |  |  |  |
| 8 | Nausea |  |  |  |  |  |  |
| 9 | Vomiting |  |  |  |  |  |  |
| 10 | Diarrhea |  |  |  |  |  |  |
| 11 | Excessive intestinal gas |  |  |  |  |  |  |
| 12 | Increased or decreased urinary output |  |  |  |  |  |  |
| 13 | Muscle weakness or pain |  |  |  |  |  |  |
| 14 | Swelling of the feet |  |  |  |  |  |  |
| 15 | Joint pain |  |  |  |  |  |  |
| 16 | Bone pain |  |  |  |  |  |  |
| 17 | Bone fracture |  |  |  |  |  |  |
| 18 | Numbness or tingling in your hands or feet |  |  |  |  |  |  |
| 19 | Others |  |  |  |  |  |  |
| 20 | In the last three months, has the participant been verbally, physically, or economically abused by his or her study partner? |  |  | ***If yes, complete*** ***Social Harm Report*** | | | |

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

**Forms Instruction**

Items 1-20 are interviewer-administered. Each question should be asked as it is written. All information on the **Partner Enrollment Medical History** CRF is based on participant self-report.

**General Instructions:**

* Participants must be evaluated for each item on the form.
* For every “yes” answer, indicate the number of days the symptoms have persisted, and whether or not the symptoms are ongoing.
* If the condition is ongoing, report this condition on the **Partner Pre-existing Conditions** CRF.

**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. |
| **For how many days?** | If the participant does not recall the exact number of days of the symptoms, he/she should be requested to provide an approximation. |
| **Ongoing** | Ongoing is defined as present on the day of enrollment. |
| **Item 1-19** | Items 1-19 are interviewer administered. Mark “no” if the participant reports no other symptoms. Please report symptoms rather than diagnosis. For example, for “flu” or “cold,” report symptoms (fever, body aches, cough, etc.) in items 1-18.  For multiple symptoms with same duration and ongoing status, write (symptom 1, symptom 2, etc.).  For multiple symptoms with different duration and/or ongoing status, indicate first symptom on the line provided. Write each subsequent symptom: (symptom 2, XX days, ongoing - yes/no), (symptom 3, XX days, ongoing -yes/no), etc. |
| **Item 20** | 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. |