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**Socio-demographic Update** VISIT CODE:

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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 | | **How many times has the participant moved primary residence in the past months?** | | | | | | | | | | | | | |  | | | | | | | | |
| 2 | | **Does the participant own a television?** | | | | | | | | | | | | | | Yes | |  | No | | |  | | |
| 3 | | **Does the participant own a cell phone?** | | | | | | | | | | | | | | Yes | |  | No | | |  | | |
| 4 | | **What was the primary source of income for the participant's household during the past year?** | | | | | | | | | | | | | | | | | | | | | | |
| i. | | *no income* | | |  | | | v. | | | *Professional* | | | | | | | | | |  | | | |
| ii. | | *laborer/semi-skilled* | | |  | | | vi. | | | *farming/animal raising* | | | | | | | | |  | | | | |
| iii. | | *trade/sales* | | |  | | | vii. | | | *housewife (female only)* | | | | | | | | |  | | | | |
| iv. | | *Student* | | |  | | | viii. | | | *other:* | | | | | | | | | | | | | |
| 5 | | **How long did it take the participant to travel from home to the clinic today?** | | | | | | | | | | | | | | | | | | | | | | |
| i. | | *less than 30 minutes* | | |  | | | iii. | | | *1-2 hours* | | | | | | | | |  | | | | |
| ii. | | *30-60 minutes* | | |  | | | iv. | | | *more than 2 hours* | | | | | | | | |  | | | | |
| 6 | **What was the mean of transport used to travel to the facility?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Walk* |  | *Bus* | | | | |  | | | *Taxi* | | | | |  | | | | | | | | |
|  | *Bicycle* |  | *Personal bike* | | | | |  | | | *Personal car* | | | | |  | | | | | | | | |
| 7 | **How much did the participant pay for transport to the facility?** | | | | | | | | | | | *Amount* | | | | | | | | | | | | |
| 8 | | **Does the participant or family members lose time at work and/or wages for a typical clinic visit related to taking study drug?** | | | | | | | | | **Yes** | | | **No** |  | | | | | | | | |
|  | | |  |
| 9 | | **Has the participant or the participant's study partner disclosed their HIV discordant status to anyone else?** | | | | | | | | |  | | |  | ***If no, end of form.*** | | | | | | | |
| a | | **To whom has their discordant status been disclosed? *Mark all that apply.*** | | | | | | | | | | | | | | | | | | | | | | |
| i. | | *Children* | | |  | *v* | | | | *other family members* | | | | | | | | | |  | | | | |
| ii. | | *partner* | | |  | *vi* | | | | *participant’s parent(s) friend(s)* | | | | | | | | | |  | | | | |
| iii. | | *index participant’s parent(s)* | | |  | vii | | | | *pastor or other religious leader* | | | | | | | | | |  | | | | |
| iv. | | *community leader(s)* | | |  | viii | | | | *other, specify:* | | | | | | | | | | | | | | |
| b | | **Have there been any adverse effects of the disclosure? *Mark all that apply.*** | | | | | | | | | | | | | | | | | | | | | | |
| i. | | *no adverse effects* | | |  | | *ii* | | | *marital discord* | | | | | | | | | |  | | | | |
| iii. | | *loss of housing* | | |  | | iv | | | *family discord* | | | | | | | | | |  | | | | |
| v. | | *loss of job/income* | | |  | | vi | | | *physical violence* | | | | | | | | | |  | | | | |
| vii. | | *other, specify:* | | | | | | | | | | | | | | | | | | | | | | |

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

**Forms Instruction**

The **Sociodemographic Update** CRF is completed at enrollment and every follow up visits. The same form is used for male and female partner participants.

**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. |
| **Item 1** | If participant has not moved house, mark ‘0’. If participant has moved house, please update the participant locator form |
| **Item 2** | If a television is owned by the household, mark “yes.” |
| **Item 3** | If a cell phone is owned by the household, mark “yes.” |
| **Item 4** | This question examines the type of work responsible for the majority of income for the household. If possible, try to use one of the defined categories rather than “other.” |
| **Item 5-6** | This question applies to the trip from home to facility (one way trip). |
| **Item 7** | Transport costs only refer to the amount of money spent to the trip from home to the facility (one way trip), not to the return trip. |