



HPTN 052 (096)

ICA-1 (045)

Visit Code [ ][ ] . [ ]

Visit Code

Index ID

Site Number [ ][ ] - Index Number [ ][ ] - Partner 00 - Chk [ ]

Index Circumcision Assessment

Visit Date

dd [ ][ ] MMM [ ][ ][ ] yy [ ][ ]

Instructions: Complete this form for all male participants at enrollment and yearly visits.

ENROLLMENT VISIT ONLY

1. Circumcision Status

- participant refused exam
not circumcised
circumcised

YEARLY FOLLOW-UP VISITS ONLY

2. Has the participant been circumcised since his last exam?

- circumcision previously reported
participant refused exam
no
yes

3. Circumcision

- full circumcision
partial circumcision

4. Date of Circumcision: dd [ ][ ] MMM [ ][ ][ ] yy [ ][ ]

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## **Index Circumcision Assessment (ICA-1)**

### **Item-specific Instructions:**

- **Items 1 and 2:** A visual exam of genitals performed by clinician is required for all male participants.
  - If circumcised, assess whether circumcision is full or partial. A partial circumcision is one in which an insufficient amount of foreskin was removed so as to completely uncover the glans (head) when flaccid (soft).
  - If an exam confirms partial or full circumcision, future exams are not required.
- **Item 4:** If the participant is unable to recall the date, obtain participant's best estimate. At a minimum, the month and year are required.