



HPTN 052 (096)

ICA-1 (045)

Visit Code

**Index ID**

-  -  -   
 Site Number      Index Number      Partner      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
- **End of form.**
- **Go to item 3.**

**YEARLY FOLLOW-UP VISITS ONLY**

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

- circumcision previously reported
  - participant refused exam
  - no
  - yes
- **End of form.**

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.