



HPTN 052 (096)

IDA-1 (205)

Visit Code [][] . []

Visit Code

Index ID

Index ID [][] - [][] - 00 - []

Site Number

Index Number

Partner

Chk

Index Delay Arm Participant ART Initiation

Visit Date

Visit Date [][] [][][][] [][][]

dd

MMM

yy

Instructions: Complete this form any time a participant on the delay arm is offered antiretroviral treatment (ART) in response to LOA #5 to version 3.0 of the protocol.

1. Did the participant agree to start ART at this visit? [] yes [] no End of form.

1a. Reason(s) participant did not agree to start ART. Mark all that apply.

- 1a1. not ready
1a2. CD4 is too high
1a3. feeling healthy
1a4. afraid of side effects
1a5. waiting to discuss with partner
1a6. doubts ability to adhere to the prescribed regimen
1a7. other reason(s), specify: _____

Comments: _____

Index Delay Arm Participant ART Initiation (IDA-1)

Item 1a: Mark the response(s) that are closest to the response(s) given by the participant.