



HPTN 052 (096)

IDT-1 (006)

Index ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
Site Number			Index Number			Partner		Chk						

Index Demographics—Thailand

Form Completion Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		MMM		yy	

Instructions: Complete this form for Enrollment only.

1. What is the participant's ethnic group or tribe? Mark all that apply.

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Thai | <input type="checkbox"/> Yao |
| <input type="checkbox"/> Karen | <input type="checkbox"/> Lisu |
| <input type="checkbox"/> Tai Yai | <input type="checkbox"/> Lahu |
| <input type="checkbox"/> Akha | <input type="checkbox"/> Lua |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> other, specify: <i>Local Language</i> _____ |
| | <i>English</i> _____ |

Index Demographics—Thailand (IDT-1)

Item-specific Instructions:

- **Item 1:** Record the participant's self-identified ethnic group or tribe. Specify "other" reason in local language, as applicable. Record in English prior to faxing.