



HPTN 052 (096)

IDZ-1 (003)

Index ID

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Site Number			Index Number			Partner		Chk						

Index Demographics—Zimbabwe

Form Completion Date

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Instructions: Complete this form for Enrollment only.

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

- Shona
- Ndebele
- White
- Other African tribe, specify: *Local Language* _____ *English* _____
- other, specify: *Local Language* _____ *English* _____

2. How many children does the participant have? # of children

3. How did the participant hear of this study? Mark all that apply.

- community
- friends
- media
- public health sector
- project staff
- other, specify: *Local Language* _____ *English* _____

Index Demographics—Zimbabwe (IDZ-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.
- **Item 2:** Record the number of biological children.
- **Item 3:** Specify "other" reason in local language, as applicable. Record in English prior to faxing.