



HPTN 052 (096)

INA-1 (030)

Visit Code:

Visit Code

Index ID

Site Number: - Index Number: - Partner: 00 - Chk:

Index Non-study ART

Visit Date

dd: MMM: yy:

Instructions: Complete this form for all Index participants who meet one or both of the following criteria:

- There is evidence of non-PMTCT ART use prior to the initiation of study ART.

This ART use may have occurred prior to enrollment or, for delayed arm participants, some time during the study prior to study-provided ART initiation. Evidence of ART use could have been discovered and/or confirmed by site staff or confirmed by testing done by the Network Lab.

- A delayed arm participant has not initiated study ART, but RNA is < 1000 copies/mL or undetectable.

1. Is the participant a delayed arm participant with RNA < 1000 copies m/L or undetectable and has not initiated study ART? yes no

2. Was non-study ART use confirmed? → **If no, go to item 3.**

2a. How was non-study ART use confirmed? *Mark all that apply.*

participant self-report:
 outside clinic report/documentation:
 Network Lab testing:
 other, specify: _____

3. Is the participant willing/able to provide details about the use of non-study provided ART? → **If no, end of form.**

4. Record non-study ART medications taken by the participant below:

ART Medication Code	Date Started	Date Stopped
	dd MMM yy	dd MMM yy
4a. <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
4b. <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
4c. <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
4d. <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
4e. <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"/> <input type="text"/> <input type="text"/> <input type="text"/>

Comments: _____

Index Non-study ART (INA-1)

Item-specific Instructions:

- **ART Medication Code:** Refer to the HPTN 052 website for the list of ART Medication Codes. If the medication is unknown, line through, write “N/A” next to the item, and initial and date.
- **Date Started:** When possible, record the complete date (day, month, year). If the exact date is unavailable, record the month and year.
- **Date Stopped:** When possible record the complete date (day, month, year). If the exact date is not available, record the month and year.