



HPTN 052 (096)

ISS-1 (132)

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Index ID

Site Number [ ][ ][ ] - Index Number [ ][ ][ ] - Partner 0 0 - Chk [ ]

Index Symptomatic Sexually Transmitted Diseases

Visit Date

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Instructions: Complete this form when a participant is treated for symptoms of a sexually transmitted disease.

1. Indicate if the participant was treated for symptoms of any of the following sexually transmitted diseases.

Table with 3 columns: Disease Name, yes, no. Rows include chlamydia, gonorrhea, syphilis, BV, TV, candida, genital ulcer disease, and other (specify).

Comments: \_\_\_\_\_

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## **Index Symptomatic Sexually Transmitted Diseases (ISS-1)**

No additional instructions.

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