



HPTN 052 (096)

PCA-1 (327)

Visit Code: [][][][] . []

Partner ID

Partner ID: [][][] - [][][] - [][][] - []
Site Number Index Number Partner Chk

Partner Circumcision Assessment

Visit Date

Visit Date: [][] [][][] [][][]
dd MMM yy

Instructions: Complete this form for all male participants at enrollment and yearly visits.

ENROLLMENT VISIT ONLY

1. Circumcision Status

- participant refused exam
 - not circumcised
 - circumcised
- End of form.
- Go to item 3.

YEARLY FOLLOW-UP VISITS ONLY

2. Has the participant been circumcised since his last exam?

- circumcision previously reported
 - participant refused exam
 - no
 - yes
- End of form.

3. Circumcision

- full circumcision
- partial circumcision

4. Date of Circumcision: [][] [][][] [][][]
dd MMM yy

Partner Circumcision Assessment (PCA-1)

Item-specific Instructions:

- **Items 1 and 2:** A visual exam of genitals performed by clinician is required for all male participants.
 - If circumcised, assess whether circumcision is full or partial. A partial circumcision is one in which an insufficient amount of foreskin was removed so as to completely uncover the glans (head) when flaccid (soft).
 - If an exam confirms partial or full circumcision, future exams are not required.
- **Item 4:** If the participant is unable to recall the date, obtain participant's best estimate. At a minimum, the month and year are required.