



HPTN 052 (096)

PDB-1 (307)

Visit Code [ ][ ] . [0]

Visit Code

[1]

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Partner ID

[ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ] - [ ]

Site Number

Index Number

Partner

Chk

Partner Demographics—  
Brazil

Form Completion Date

[ ][ ] [ ][ ][ ] [ ][ ]

dd

MMM

yy

**Instructions:** Complete this form for Enrollment only.

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

Black

Asian

Mixed Race

Native

White

other, specify: *Local Language* \_\_\_\_\_ *English* \_\_\_\_\_

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## Partner Demographics—Brazil (PDB-1)

### Item-specific Instructions:

- **Visit code:** The partner's visit code must match the visit code of the index's current visit.
- **Item 1:** Record the participant's self-identified ethnic group. Specify "other" reason in local language, as applicable. Record in English prior to faxing.