



HPTN 052 (096)

PDZ-1 (303)

Visit Code [][] . [0]

[1]

Partner ID

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

Partner Demographics—
Zimbabwe

Form Completion Date

[][] [][][] [][]
dd MMM yy

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* _____

Partner Demographics—Zimbabwe (PDZ-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 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.