



HPTN 052 (096)

PFU-1 (370)

Visit Code [][][][]

1

Partner ID

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

Partner Follow-up Visit

Visit Date

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

Instructions: Complete at all follow-up and interim visits.

1. Is this the Post-ART Initiation visit? yes no

2. For this visit,...

2a. was a ~~seroconversion~~ **NOT APPLICABLE FOR THIS PROTOCOL.** ~~seroconversion~~ exam performed? yes no N/A (Index not on ART)

2b. did the participant receive ART adherence counseling? yes no

2c. did the participant report symptoms of a sexually transmitted disease without being tested? yes no

2c1. was the participant tested for STDs? yes no

Complete Partner Symptomatic STD form.

Complete Partner Sexually Transmitted Diseases form.

3. For this visit, did the participant...

3a. receive HIV counseling? yes no

3b. receive pre-HIV test counseling? yes no

3c. receive HIV testing? yes no

3d. receive post-HIV test counseling? yes no

Complete Partner HIV Test Results form.

4. Was this the partner seroconversion visit? yes no

5. Since the last visit, did the participant take ART as post-exposure prophylaxis? yes no **If no, end of form.**

5a. For the most recent exposure, record the medication code for each ART medication taken as post-exposure prophylaxis.

5a1. [][] 5a2. [][] 5a3. [][] 5a4. [][] 5a5. [][]
dd MMM yy

5b. Date of last dose of ART medication received: [][][] [][][] [][][]

16-JAN-13

01
Language

Staff Initials / Date

Partner Follow-up Visit (PFU-1)

Item-specific Instructions:

- **Item 2b:** Mark “N/A” if the index is not currently receiving study medications.
- **Items 2b and 3a:** HIV counseling and ART-adherence counseling may be conducted as a couple or individually.
- **Item 4:** This visit is the visit at which the required procedures for partner seroconversion are completed. See Schedule of Procedures in the protocol.
- **Item 5b:** Record the date of the last time ART medication was taken for prevention of peripartum transmission. When possible record the complete date (day, month, year) of the last dose of ART medication received. If the participant does not know the complete date, record the month and year.
- **Items 5a1–5a5:** Record the codes for all study medications in the participant’s current regimen and the codes for any new study medications being dispensed for the first time at this visit. Refer to Atlas for current Medication Code List. *Note: During the study, this medication code list may be updated as new ARTs become available. Existing codes will not change, but new codes may be added. Please refer to the SSP appendices for medication code additions. If a drug used at your site is not listed, contact the SCHARP Project Manager for a new code.*