



HPTN 052 (096)

PFU-1 (370)

Visit Code [][][] . []

Visit Code

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 ~~urinalysis~~ **NOT APPLICABLE FOR THIS PROTOCOL.** serology exam performed?

yes no N/A (Index not on ART)

2b. did the participant receive ART adherence counseling?

[] [] []

2c. did the participant report symptoms of a sexually transmitted disease without being tested?

[] []

Complete Partner Symptomatic STD form.

2c1. was the participant tested for STDs?

[] []

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?

[] []

3c. receive HIV testing?

[] []

Complete Partner HIV Test Results form.

3d. receive post-HIV test counseling?

[] []

4. Was this the partner seroconversion visit?

yes no [] []

5. Since the last visit, did the participant take ART as post-exposure prophylaxis?

[] [] 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: [][] [][][] [][]

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.*