HPTN 052 (096) PSS-1 (332)

Visit Code ☐☐☐.☐

1

Index ID ☐☐☐-☐☐☐-☐☐-☐

Site Number | Index Number | Partner | Chk

Partner Symptomatic Sexually Transmitted Diseases

Visit Date ☐☐ ☐☐☐ ☐☐

dd MMM yy

***Instructions**: Complete this form when a participant is treated for symptoms of a sexually transmitted disease.*

1. Indicate if the participant was treated for symptoms of any of the following sexually transmitted diseases.

	yes	*no*
1a. chlamydia	☐	☐
1b. gonorrhea	☐	☐
1c. syphilis	☐	☐
1d. BV (bacterial vaginosis)	☐	☐
1e. TV (trichomonas vaginalis)	☐	☐
1f. candida	☐	☐
1g. genital ulcer disease	☐	☐
1h. other, specify: ________________	☐	☐
1i. other, specify: ________________	☐	☐

Comments: ____

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Partner Symptomatic Sexually Transmitted Diseases (PSS-1)

No additional instructions.