

## **Week 48 Visit**

### **Visit Code: 10.0**

#### **Required forms**

- Follow-up Visit (FUV-1)
- Follow-up Complete Blood Count (FCB-1)
- Follow-up Laboratory Results (FLR-1, FLR-2)
- Specimen Storage–All Participants (SS-1)
- DXA Scan (DXA-1)
- HIV Test Results (HTR-1)\*

#### ***Tissue Subset Only***

- Tissue Subset Specimen Storage (TSS-1)
- Tissue Subset Hair Specimen Collection (TSH-1)

#### **As Needed**

- Hepatitis Test Results (HEP-1)
- Social Impact Log (SIL-1)
- Regimen Hold/Discontinuation Log (RHD-1)
- Concomitant Medications Log (CM-1)
- Adverse Experience Log (AE-1)

***\* HIV Test Results (HTR-1) is no longer needed after HIV infection is confirmed.***

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HPTN 069 (109)

FUV-1 (120)

Visit Code . 0

1

Participant ID

--  
Site Number Participant Number Chk

Visit Date

dd MMM yy

Follow-up Visit

1. At this visit, how many **new** Adverse Experiences (AEs) have been reported?  → **Complete a separate AE Log page for each AE. If none, enter 00.**
2. At this visit, how many **new** social impacts have been reported? .....  → **Complete a separate Social Impact Log page for each event. If none, enter 00.**
3. At this visit, how many **new** regimen holds or discontinuations have been initiated? .....  → **Complete a separate Regimen Hold/Discontinuation Log page for each hold or discontinuation. If none, enter 00.**
4. Did the participant complete the CASI questionnaire for this visit? .....  

yes	no	not required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 → **If no, specify reason in Comments.**
5. Did the participant receive a new EDM device at this visit? .....  

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

 → **If no, go to item 6.**
- 5a. New EDM device number: .....  
 device #
6. Was the participant dispensed any pills at this visit? .....  

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

 → **If no, end of form.**
- # pills dispensed
- 6a. Maraviroc (MVC)/placebo .....
- 6b. Emtricitabine (FTC)/placebo .....
- 6c. Tenofovir (TDF)/placebo .....

Comments: \_\_\_\_\_

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## **Follow-up Visit (FUV-1)**

**Purpose:** This form is used to document regularly scheduled follow-up visits.



Visit Code

HPTN 069 (109)

FCB-1 (142)

Participant ID

-  -   
Site Number Participant Number Chk

Follow-up Complete Blood Count

Specimen Collection Date

dd MMM yy

Not done/  
Not collected

1. HEMOGRAM

	Not reported						
1a. Hemoglobin	.....	<input type="checkbox"/>	.....	<input type="text"/> <input type="text"/>	.	<input type="text"/>	g/dL
1b. Hematocrit	.....	<input type="checkbox"/>	.....	<input type="text"/> <input type="text"/>	.	<input type="text"/>	%
1c. MCV	.....	<input type="checkbox"/>	.....	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/>	fL
1d. Platelets	.....	<input type="checkbox"/>	.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/>	$\times 10^3/mm^3$
1e. WBC	.....	<input type="checkbox"/>	.....	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/>	$\times 10^3/mm^3$

Severity Grade <i>If applicable</i>	AE Log Page #	Not reportable as an AE
<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR <input type="checkbox"/>

Severity Grade <i>If applicable</i>	AE Log Page #	Not reportable as an AE
<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR <input type="checkbox"/>

Not done

DIFFERENTIAL   $\rightarrow$  *If not done, end of form.*

	Not reported		Absolute Count cells/mm <sup>3</sup>	
1f. Neutrophils	.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1g. Lymphocytes	.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1h. Monocytes	.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1i. Eosinophils	.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1j. Basophils	.....	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Severity Grade <i>If applicable</i>	AE Log Page #	Not reportable as an AE
<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR <input type="checkbox"/>

Comments: \_\_\_\_\_

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## Follow-up Complete Blood Count (FCB-1)

**Specimen Collection Date:** Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.

### Results Reporting

- If a specimen was collected but results are not available because the specimen was lost or damaged, line through the results box(es), provide initials and date, and write an explanation on the Comments line.
- If the site lab does not produce test results in the units used on this form, the results must be converted before the laboratory CRF is faxed to SCHARP. Refer to Study Specific Procedures (SSP) for conversion instructions.
- If the site lab does not report results to the same level of precision allowed on the CRF, record a zero (0) in the box(es) to the right of the decimal point. For example, a lab-reported hematocrit value of 30% would be recorded as 30.0%.
- It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL.
  - If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.

### Severity Grade:

- If any abnormal laboratory values meet the criteria for severity grade 1 or greater, according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, record the grade in the appropriate box next to the results.
- Always compare the severity grade range to the value that was recorded on the CRF (not the lab-reported value).
- When working with calculated severity grade ranges (e.g., 1.1–1.5 times the site lab upper limit of normal), the calculated range may have more significant digits than the lab result.
  - Treat all missing digits in the lab value as zeros.
  - If the lab value falls between two calculated severity grade ranges, assign it the higher grade.
- There may be situations in which a lab value falls within a site's lab normal ranges and also within a gradable range according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*. Per the protocol-specific AE reporting requirements, report this as an AE, as appropriate, and grade it according to the *DAIDS Table*.

**AE Log Page #:** If the lab value is reportable as an AE, record the page number of the AE Log which is most closely associated with the abnormal lab value.

**Not Reportable as an AE:** Only mark this box if the lab value is gradable according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, but is not reportable as an AE. This includes Pre-existing Conditions and abnormal lab values that do not meet protocol-specific AE reporting requirements.



Visit Code

1

HPTN 069 (109)

FLR-1 (143)

Participant ID

-      -   
Site Number Participant Number Chk

Initial Specimen Collection Date

dd MMM yy

Follow-up Laboratory Results

1. SERUM LIPIDS

1a. Did the participant fast for at least 8 hours prior to blood collection? .....  yes  no

Not done/Not collected  Alternate Collection Date dd MMM yy

1b. Total cholesterol mg/dL    Severity Grade If applicable  AE Log Page #    Not reportable as an AE OR

2. LIVER FUNCTION TESTS

Not done/Not collected  Alternate Collection Date dd MMM yy

2a. Alkaline phosphatase U/L     Severity Grade If applicable  AE Log Page #    Not reportable as an AE OR

3. ELECTROLYTES

Not done/Not collected  Alternate Collection Date dd MMM yy

3a. Sodium mmol/L    Severity Grade If applicable  AE Log Page #    Not reportable as an AE OR

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## Follow-up Laboratory Results (FLR-1)

**Initial Specimen Collection Date:** Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.

**Alternate Collection Date:** This date is to be completed ONLY if the specimen was collected after the Initial Specimen Collection Date for this same visit. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. A complete date is required.

### Results Reporting

- If a specimen was collected but results are not available because the specimen was lost or damaged, line through the results box(es), provide initials and date, and write an explanation on the Comments line.
- If the site lab does not produce test results in the units used on this form, the results must be converted before the laboratory CRF is faxed to SCHARP. Refer to Study Specific Procedures (SSP) for conversion instructions.
- If the site lab does not report results to the same level of precision allowed on the CRF, record a zero (0) in the box(es) to the right of the decimal point. For example, a lab-reported hematocrit value of 30% would be recorded as 30.0%.
- It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL.
  - If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.

### Severity Grade:

- If any abnormal laboratory values meet the criteria for severity grade 1 or greater, according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, record the grade in the appropriate box next to the results.
- Always compare the severity grade range to the value that was recorded on the CRF (not the lab-reported value).
- When working with calculated severity grade ranges (e.g., 1.1–1.5 times the site lab upper limit of normal), the calculated range may have more significant digits than the lab result.
  - Treat all missing digits in the lab value as zeros.
  - If the lab value falls between two calculated severity grade ranges, assign it the higher grade.
- There may be situations in which a lab value falls within a site's lab normal ranges and also within a gradable range according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*. Per the protocol-specific AE reporting requirements, report this as an AE, as appropriate, and grade it according to the *DAIDS Table*.

**AE Log Page #:** If the lab value is reportable as an AE, record the page number of the AE Log which is most closely associated with the abnormal lab value.

**Not Reportable as an AE:** Only mark this box if the lab value is gradable according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, but is not reportable as an AE. This includes Pre-existing Conditions and abnormal lab values that do not meet protocol-specific AE reporting requirements.

### Item-specific Instructions:

- **Item 1a:** Participant should be fasting for at least 8 hours prior to blood collection. If fasting did not occur, mark “no” for item 1a.



Visit Code

HPTN 069 (109)

FLR-2 (144)

Participant ID

-  -   
Site Number Participant Number Chk

Follow-up Laboratory Results

Not done/ Not collected  Alternate Collection Date dd  MMM  yy

4. OTHER LAB RESULTS

4a. Glucose .....  mg/dL Severity Grade If applicable  AE Log Page #  Not reportable as an AE OR

4b. 25-OH-vit D .....  ng/mL

4c. Parathyroid hormone (PTH) .....  pg/mL

5. WEIGHT .....  kg

Not done/ Not collected  Alternate Collection Date dd  MMM  yy

6. RENAL FUNCTION TESTS

6a. Creatinine ....  mg/dL Severity Grade If applicable  AE Log Page #  Not reportable as an AE OR

6a1. Calculated creatinine clearance  mL/min

6b. BUN .....  mg/dL

Not done/ Not collected

7. URINE TESTS

7a. Protein .....  negative  trace  1+  2+  3+  4+ Severity Grade If applicable  AE Log Page #  Not reportable as an AE OR

7b. Glucose ....

7c. Phosphate: .....  mg/dL

7d. Creatinine: .....  mg/dL

Comments: \_\_\_\_\_

\_\_\_\_\_

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## Follow-up Laboratory Results (FLR-2)

**Alternate Collection Date:** This date is to be completed ONLY if the specimen was collected after the Initial Specimen Collection Date for this same visit. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. A complete date is required.

### Results Reporting

- If a specimen was collected but results are not available because the specimen was lost or damaged, line through the results box(es), provide initials and date, and write an explanation on the Comments line.
- If the site lab does not produce test results in the units used on this form, the results must be converted before the laboratory CRF is faxed to SCHARP. Refer to Study Specific Procedures (SSP) for conversion instructions.
- If the site lab does not report results to the same level of precision allowed on the CRF, record a zero (0) in the box(es) to the right of the decimal point. For example, a lab-reported hematocrit value of 30% would be recorded as 30.0%.
- It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL.
  - If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.

### Severity Grade:

- If any abnormal laboratory values meet the criteria for severity grade 1 or greater, according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, record the grade in the appropriate box next to the results.
- Always compare the severity grade range to the value that was recorded on the CRF (not the lab-reported value).
- When working with calculated severity grade ranges (e.g., 1.1–1.5 times the site lab upper limit of normal), the calculated range may have more significant digits than the lab result.
  - Treat all missing digits in the lab value as zeros.
  - If the lab value falls between two calculated severity grade ranges, assign it the higher grade.
- There may be situations in which a lab value falls within a site's lab normal ranges and also within a gradable range according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*. Per the protocol-specific AE reporting requirements, report this as an AE, as appropriate, and grade it according to the *DAIDS Table*.

**AE Log Page #:** If the lab value is reportable as an AE, record the page number of the AE Log which is most closely associated with the abnormal lab value.

**Not Reportable as an AE:** Only mark this box if the lab value is gradable according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, but is not reportable as an AE. This includes Pre-existing Conditions and abnormal lab values that do not meet protocol-specific AE reporting requirements.



Visit Code

1

HPTN 069 (109)

SS-1 (240)

Participant ID

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Site Number Participant Number Chk

Specimen Storage—  
All Participants

Initial Specimen Collection Date

dd MMM yy

Alternate Collection Date

Time Collected (24-hr clock)

dd MMM yy

hr min

:

1. Plasma for storage

stored not stored not collected

Reason not stored or not collected: \_\_\_\_\_



Alternate Collection Date

Time Collected (24-hr clock)

dd MMM yy

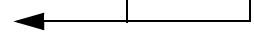
hr min

:

2. Viable PBMC  
(for immunological testing)

stored not stored not collected not required

Reason not stored or not collected: \_\_\_\_\_



Alternate Collection Date

Time Collected (24-hr clock)

dd MMM yy

hr min

:

3. PBMC for CCR5 genotyping

stored not stored not collected not required

Reason not stored or not collected: \_\_\_\_\_



Comments: \_\_\_\_\_

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## Specimen Storage—All Participants (SS-1)

**Purpose:** This form is used to document the collection and storage of specimens that will be tested at a lab other than the site local laboratory.

**Initial Specimen Collection Date:** Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.

**Alternate Collection Date:** This date is to be completed **ONLY** if the specimen was collected after the Initial Specimen Collection Date for this same visit. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. A complete date is required.

### Item-specific Instructions:

- **Items 1–3:**
- Mark the “not stored” box if the specimen was collected as required at this visit but was not stored.
- Mark the “not collected” box if the specimen is required to be collected and stored at this visit but was not collected.
- Mark the “not required” box if a specimen is not required to be collected and stored at this visit.



HPTN 069 (109)

DXA-1 (140)

Visit Code .

Participant ID

--  
Site Number Participant Number Chk

DXA Scan

1. Did the participant have a DXA scan for this visit? .....  <sup>yes</sup>  <sup>no</sup> **If no, end of form.**

1a. Date of DXA scan: .....  <sub>dd</sub>  <sub>MMM</sub>  <sub>yy</sub>

Comments: \_\_\_\_\_

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## **DXA Scan (DXA-1)**

**General Information/Instructions:** Do not fax this CRF to DataFax until the DXA scan has been completed.



Visit Code

HPTN 069 (109)

HTR-1 (345)

Participant ID

-  -   
Site Number Participant Number Chk

HIV Test Results

Specimen #1 Collection Date

*dd* *MMM* *yy*

1. HIV Test Results:

Not done  *kit code*  
1a. HIV Rapid Test Kit Code .....   
*non-reactive* *reactive*  
1b. HIV Rapid: .....    
Not done  *kit code*  
1c. HIV EIA Test Kit Code: .....   
*non-reactive* *reactive*  
1d. HIV EIA: .....

Specimen #2 Collection Date

*dd* *MMM* *yy*

2. HIV Repeat Testing

Not done  *kit code*  
2a. HIV Rapid Test Kit Code: .....   
*non-reactive* *reactive*  
2b. HIV Rapid: .....    
Not done  *kit code*  
2c. HIV EIA Test Kit Code: .....   
*non-reactive* *reactive*  
2d. HIV EIA: .....

3. Final HIV Status from local confirmatory testing: ..... *negative* *positive* *indeterminate*

Comments: \_\_\_\_\_

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## HIV Test Results (HTR-1)

**General Information/Instructions:** Record test results on this form as they become available from the local lab. Fax this form to SCHARP DataFax when the final test results are available and recorded.

- **Specimen Collection Dates:** Record the date that the specimen(s) was collected (NOT the date results were reported or recorded on the form) for this visit.

### Item-specific Instructions:

- **Not Done:** For each test, mark either the “Not done” box or enter a test result. If the “Not done” box is marked at a visit where that test is required by the protocol, record the reason on the Comments line.
- **Items 1a and 2a:** Record the two-digit rapid test code from the table below.

Rapid Test Kit	Code
OraQuick ADVANCE Rapid HIV-1/2	02
Uni-Gold Recombigen HIV	03
Reveal G-3 Rapid HIV-1	08
MultiSpot HIV-1/2 Rapid Test	09
Clearview HIV-1/2 STAT-PAK	10
Clearview COMPLETE HIV-1/2	11
INSTI HIV-1 Antibody Test	13
SURE CHECK HIV 1/2 ASSAY	14

**Note:** Rapid tests on oral transudate are not allowed per protocol.

If a test kit being used at your site is not listed, contact the SCHARP Project Manager for a new code.

- **Items 1c and 2c:** Record the two-digit HIV EIA test code from the table below.

HIV EIA Test Kit	Code
ARCHITECT HIV Ag/Ab Combo <sup>35</sup>	50
Bio-Rad GS HIV Ag/Ab Combo EIA <sup>36</sup>	51
Avioq HIV-1 Microelisa System <sup>13</sup>	52
Abbott HIV AB HIV-1/HIV-2 (rDNA) EIA <sup>2</sup>	53
PRISM HIV O Plus assay <sup>27</sup>	54
GS HIV-1/HIV-2 Plus O EIA <sup>28</sup>	55
ADVIA Centaur HIV 1/O/2 Enhanced ReadyPack	56
Ortho VITROS HIV-1/HIV-2	57

If a test kit being used at your site is not listed, contact the SCHARP Project Manager for a new code.

If HIV infection is suspected or confirmed during follow-up, complete a Regimen Hold/Discontinuation Log.



Visit Code

1

HPTN 069 (109)

TSS-1 (230)

Participant ID

--  
Site Number Participant Number Chk

Tissue Subset Specimen Storage

Initial Specimen Collection Date

dd MMM yy

Alternate Collection Date

dd MMM yy

Time Collected (24-hr clock)

:   
hr min

1. Plasma for PK

stored  not stored  not collected  not required

Reason not stored or not collected: \_\_\_\_\_

Alternate Collection Date

dd MMM yy

Time Collected (24-hr clock)

:   
hr min

2. PBMC for PK

stored  not stored  not collected  not required

Reason not stored or not collected: \_\_\_\_\_

Alternate Collection Date

dd MMM yy

Time Collected (24-hr clock)

:   
hr min

3. Rectal fluid (sponge) for PK

stored  not stored  not collected  not required

Reason not stored or not collected: \_\_\_\_\_

Alternate Collection Date

dd MMM yy

Time Collected (24-hr clock)

:   
hr min

4. Rectal Tissue

stored  not stored  not collected  not required

4a. Tissue for PK

stored  not stored  not collected  not required

Reason not stored or not collected: \_\_\_\_\_

4b. Tissue for ex-vivo HIV Challenge

stored  not stored  not collected  not required

Reason not stored or not collected: \_\_\_\_\_

4c. Tissue for GALT

stored  not stored  not collected  not required

Reason not stored or not collected: \_\_\_\_\_

Comments: \_\_\_\_\_

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## Tissue Subset Specimen Storage (TSS-1)

**Purpose:** This form is used to document the collection and storage of specimens that will be tested at a lab other than the site local laboratory.

**Initial Specimen Collection Date:** Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.

**Alternate Collection Date:** This date is to be completed **ONLY** if the specimen was collected after the Initial Specimen Collection Date for this same visit. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. A complete date is required.

### Item-specific Instructions:

- **Items 1–4:**
  - Mark the “not stored” box if the specimen was collected as required at this visit but was not stored.
  - Mark the “not collected” box if the specimen is required to be collected and stored at this visit but was not collected.
  - Mark the “not required” box if a specimen is not required to be collected and stored at this visit.



HPTN 069 (109)

TSH-1 (270)

Visit Code   .

1

Participant ID

-      -   
Site Number Participant Number Chk

Tissue Subset Hair Sample Collection

Visit Date

dd MMM yy

1. Was hair collected successfully? .....

yes  no

If yes, go to item 2.

1a. Reason collection was unsuccessful. Mark all that apply.

- insufficient quantity of hair
- participant declined hair collection after counseling; specify reason: \_\_\_\_\_
- other, specify: \_\_\_\_\_

End of form.

2. Number of thatches collected at each site:

scalp hair      pubic hair      other, specify: \_\_\_\_\_  
 If scalp hair, go to item 2a.    If pubic hair or other, go to item 3.

2a. Location on scalp: Mark all that apply.

occipital     other, specify: \_\_\_\_\_

3. Natural hair color. Mark only one.

- black     brownish blonde     red
  - brown     reddish brown     doesn't know
  - blonde     reddish blonde     totally gray
- Go to item 5.

4. Any gray hair (natural color)? .....

yes  no  If no, go to item 5.

4a. Amount of gray hair: .....

- less than half     about half     more than half

5. Natural hair texture. ....

Mark only one.

- completely straight     wavy but not curly     loose curls     tight curls

6. Hair treatment in the last 3 months? .....

yes  no  If no, end of form.

6a. Color? .....

dd      MMM       yy      OR  not done

If not done, go to item 6b.

6a1. Type of color process?

- permanent     semi-permanent     washout     unknown

6b. Highlighting? .....

dd      MMM       yy      OR  not done

6c. Bleaching? .....

              OR  not done

6d. Permanent wave? .....

              OR  not done

6e. Straightening with chemicals or heat? .....

              specify: \_\_\_\_\_    not done OR

Comments: \_\_\_\_\_

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## Tissue Subset Hair Sample Collection (TSH-1)

### Item-specific Instructions:

- **Item 1a:** Mark “insufficient quantity of hair” if the participant’s hair was too short (< 1cm) or not enough strands (less than ~100 strands of hair) were able to be collected.
- **Item 2a:** If “other, specify” is marked, record the specific location where the scalp hair was collected. An anatomical location is not required (i.e., it is okay to record “side of head”).
- **Items 3–6:** These items are based on participant self-report. They should be answered for the type of hair sample that was collected. If a participant is unsure how to answer any of the items, tell him/her to take his/her best guess.
- **Item 6a1:**

Permanent	dye with a developer and ammonia
Semi-permanent	dye with low levels of peroxide and/or ammonia
Wash-out	shampoo, spray, or gel dye

- **Item 6e:** Record “chemicals” or “heat” on the specify line. If chemicals were used, also record the name of the chemical if it is known.