



HPTN 077 (215)

EFP-1 (250)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
Site Number				Participant Number					Chk

Extended Follow up

Visit Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		MMM		yy	

1. Did the participant consent to Extended follow up?	<i>yes</i> <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>
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<b>Extended Follow up (EFP-1)</b>
<b>Instructions:</b>
<b>Visit Date:</b> Date the participant answered question regarding extending follow up.