



MTN 015 (143)

IV-1 (350)

Visit Code

□□.□

1

Participant ID

□□□-□□□□□□-□
Site Number Participant Number Chk

Interim Visit

Visit Date

□□ □□□□ □□
dd MMM yy

1. What is the reason for this interim visit? *Mark all that apply.*

- 1a. participant report of ART initiation —▶ **Complete ART Enrollment, ART Initiation Information, Antiretroviral Treatment Regimen Log, and ART Study Visit forms.**
- 1b. clinical follow-up
- 1c. other, specify: _____

2. Besides this Interim Visit form, what other DataFax study forms were completed for this visit? *Mark "none" or all that apply.*

- 2a. none —▶ **Go to item 3.**
- 2b. Laboratory Results–Revised
- 2c. Sexually Transmitted Diseases Results
- 2d. Pregnancy Report and History
- 2e. other, specify: _____

3. Is the participant completing a parent protocol visit at this MTN 015 visit?

yes no
 —▶ **If no, end of form.**

3a. Visit code of parent protocol visit completed today:

visit code
□□□.□

Comments: _____

Interim Visit (IV-1)

Purpose: This form is used to document follow-up interim visits.

General Information/Instructions: Complete this form for interim visits only. For required study follow-up visits, complete a Non-ART Study Visit or ART Study Visit form.

Item-specific Instructions:

- **Visit Code:** Only interim visit codes should be recorded.
- **Item 1a:** Mark this box if the participant reported initiation of ART use for the very first time at this (non-ART) interim visit. If this box is marked, a non-ART interim visit code should be recorded on the form
- **Item 2:** If item 1a is marked, note that all other forms completed for the interim visit should have an ART visit code assigned - contact SCHARP for clarification in these cases.
- **Items 3 and 3a:** If the participant is completing a parent protocol visit (regular visit or interim visit) on this same day, mark item 2 “yes” and in 2a, record the visit code (regular or interim) of the parent protocol visit completed on this date.