



MTN 015 (143)

AEN-1 (075)

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

ART Enrollment

Visit Date

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

1. Date of ART initiation: .....

*dd*                      *MMM*                      *yy*

1a. Is this date known or estimated?.....  *known*     *estimated*

2. Is the date of ART initiation within 24 months of date of seroconversion? .....  *yes*     *no*

→ ***If yes, the Follow-up Behavioral Assessment is required at post-ART months 3, 12, and 24.***

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

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## **ART Enrollment (AEN-1)**

**Purpose:** This form is used to document those participants who enroll in the study after initiation of ART or who initiate ART during the study. Completion of this form indicates the participant is being followed using the ART visit schedule/visit calendar.

**General Information/Instructions:** This form is completed only once for each participant, and is completed at the visit where it is determined the participant will be followed using the ART visit schedule/visit calendar.

**Item-specific Instructions:**

- **Item 1:** Record the date the participant first used ART. A complete date (day, month, and year) is required. If the exact day is not known, use “15” as the day and mark item 1a as “estimated.”