

## **Decliner Population – Screening/Enrollment**

- Eligibility Criteria – Decliner Population
- Demographics
- Enrollment – Decliner Population
- Baseline Behavior Assessment Y/N

Site to add:

- Baseline Behavior Assessment – local language version



Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Visit: **Decliner Population – Screening/Enrollment**  
 Visit Date: \_\_\_\_\_

### MTN-025 Enrollment – Decliner Population

Date the participant marked or signed the study screening and enrollment MTN-025 Decliner Population consent form:	dd      MMM      yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Enrollment Date:	dd      MMM      yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Were all Decliner Population procedures completed on the Enrollment Date?	<input type="checkbox"/> Yes → <i>If yes, end of form.</i> <input type="checkbox"/> No
Date all Decliner Population procedures completed (if date is different than Enrollment Date):	dd      MMM      yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
 Visit: **Decliner Population – Screening/Enrollment**  
 Visit Date: \_\_\_\_\_

**MTN-025 Demographics (Page 1 of 2)**

Is this participant enrolled in MTN-025 or part of the Decliner Population?	<input type="checkbox"/> MTN-025 main study <input type="checkbox"/> Decliner Population
Sex:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth:	dd      MMM      yy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OR <input type="checkbox"/> <i>Date of birth Unknown</i>  <i>If date of birth unknown, record age:</i> <input type="checkbox"/> <input type="checkbox"/> years
Is the participant currently married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest level of education?	<input type="checkbox"/> No schooling <input type="checkbox"/> Primary school, not complete <input type="checkbox"/> Primary school, complete <input type="checkbox"/> Secondary school, not complete <input type="checkbox"/> Secondary school complete <input type="checkbox"/> Attended college or university
Ethnic group or tribe:	<input type="checkbox"/> Chewa <input type="checkbox"/> Lomwe <input type="checkbox"/> Yao <input type="checkbox"/> Tumbuka <input type="checkbox"/> Other African tribe <input type="checkbox"/> White <input type="checkbox"/> Zulu <input type="checkbox"/> Xhosa <input type="checkbox"/> Indian <input type="checkbox"/> Colored <input type="checkbox"/> Black <input type="checkbox"/> Shona <input type="checkbox"/> Ndebele <input type="checkbox"/> Other If other, specify: _____
Number of alcohol drinks per week:	_____ # of drinks
Number of cigarettes per day:	_____ # of cigarettes
How long did it take the participant to travel from home to the clinic today?	<input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> 1-2 hours <input type="checkbox"/> Greater than 2 hours <input type="checkbox"/> N/A
Does the participant earn an income of her own?	<input type="checkbox"/> Yes <input type="checkbox"/> No → If no, skip to "How many times has the participant been pregnant?"



Participant ID: \_\_\_\_\_ - \_\_\_\_\_  
Visit: **Decliner Population – Screening/Enrollment**  
Visit Date: \_\_\_\_\_

### MTN-025 Baseline Behavior Assessment Y/N

Was a Baseline Behavior Assessment Questionnaire completed?	<input type="checkbox"/> Yes → <i>If Yes, complete the Baseline Behavior Assessment form.</i> <input type="checkbox"/> No
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