

Pre-Screening Number: \_\_\_\_\_ - \_\_\_\_\_

## MTN-025 Pre-Screening Outcome

Folder: Pre-Screening

1. What was this prior participant's ASPIRE PTID?	<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"/> <input type="text"/>
2. Was the participant contacted to participate in HOPE?	<input type="checkbox"/> Yes → <i>If yes, go to item 4.</i> <input type="checkbox"/> No
3. Why was the ASPIRE participant not contacted to participate in HOPE?	<input type="checkbox"/> participant deceased during ASPIRE <input type="checkbox"/> participant HIV seroconverted during ASPIRE <input type="checkbox"/> participant was permanently discontinued from study product during ASPIRE <input type="checkbox"/> participant did not provide permission to be contacted for future studies <input type="checkbox"/> unable to reach participant <input type="checkbox"/> other, 3a. If Other, Specify: _____ <i>End of Form.</i>
4. Did the participant conduct a screening visit for HOPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <i>If 'No', end of form.</i>
5. Did the participant conduct a screening visit as part of the ...?	<input type="checkbox"/> Decliner population <input type="checkbox"/> MTN-025 main study