Plate Number: 491 TM-1: Completion/Termination

Visit Code: visit

SHIMS001 (186) TM-1 (491)

PTID: ptid

Staff ID: TMstid

Team ID: TMtmid

Completion/Termination

1. Did the participant complete the follow-up visit? yes: TMcfuv / no → *If no, skip to 2.*

1a. What is the date the visit was completed? dd: TMtmdt MMM yy → *End of form.*

Instructions: *This section is used to determine why the participant was unable to complete a follow-up visit.*

2. Did the participant refuse participation? yes: TMprp / no → *If no, skip to 3.*

2a. If yes, what was the reason for refusal? *Mark all that apply.*

- p491v13 participant declined to give reason for refusal
- TMtime I don't have time to participate in the survey
- TMhpos I already know that I am HIV positive
- TMtest I don't wish to be tested for HIV/get my test results
- TMtkbl I don't want you to draw my blood/take my blood away
- TMcomf I find the topic uncomfortable or embarrassing
- TMprtno need partner permission/partner wouldn't allow it
- TMparno need parental permission/parent wouldn't allow it
- TMhome prefer to test away from home
- TMwoprt prefer to test without partner present
- TMconf fear breach of confidentiality
- TMothr other, specify: TMtmro

3. Has the participant died? yes: TMdied / no → *If no, skip to 4.*

3a. date of death: dd TMdieddt MMM yy

3b. cause of death: TMdiedc

4. Has the participant been incarcerated? yes: TMpbi / no → *If no, skip to 5.*

4a. Duration of incarceration: days TMduid

5. Is the participant permanently incapacitated, i.e. mentally ill/challenged, severely ill, unable to speak, etc.)? yes: TMinc / no → *If no, skip to 6.*

5a. Specify: TMincs

6. If you believe the participant is unable to complete the follow-up visit for reasons other than outlined in questions #1-5, please write your comments here and refer to your supervisor (i.e., moved outside of Swaziland, unable to contact after three attempts, unable to locate, etc.).

ONLY A SUPERVISOR SHOULD COMPLETE THE FOLLOWING ITEMS.

Supervisor ID: TMsuid

- TMpros participant relocated outside of Swaziland
- TMie inappropriate enrollment → *Complete a Field Incident Report.*
- TMutc unable to contact participant after several attempts. Specify actions taken to follow-up with participant: TMutcs
- TMother other, specify: TMothers

11. In consultation with a manager and based on the information above, should the participant be terminated? yes: TMiapt / no → *If no, end of form.*

11a. What is the date termination was determined? dd: TMstmdt MMM yy

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