

Screening Form

1. Study Number: | 9 | | 8 | | 4 | | 5 | | **STUDY**
2. Center Number: | | | | | | | **CN** **CSHP_CENTER**
3. Screening Number: | | | | | | | **PN**
4. Date of Visit: | | | | | / | | | | | / | | | | | | | **CONDAY** **CONMTH** **CONYEAR** **CONDATE**
day month year
5. ID # of person completing form: | | | | | **SCID**
6. Participant signed the screening consent form ... | | |
0=No → **STOP, participant must be consented**
1=Yes **SCCONSEN** **CSHP_NOYES**
7. How old are you in years?... **SCAGE** ... | | | | |
- If less than 18, participant is not eligible for study. Complete FINAL form after completing this form.**
8. What is your marital status?. **SCMAR** | | |
1=Not currently married, not living with man
2=Not currently married, living with man
3=Married, not living with man
4=Married, living with man **CSHP_MARITAL**
9. How many years of school have you completed?. **SCEDU** | | | | |
10. What is your occupation?. **SCOCC** | | |
0=None 3=Professional **CSHP_OCCUP**
1=Student 4=Domestic
2=Trade/commerce 5=Other → specify:
SCOCCO **Q10CODE1-Q10WORK** _____
11. Have you ever been pregnant? **SCPRG** | | |
0=No → **Skip to item 14**
1=Yes **CSHP_NOYES**
12. Date last pregnancy ended
| | | | | / | | | | | / | | | | |
Day Month Year
SCPRDAY **SCPRMTH** **SCPRYEAR** **SCPRDATE**
13. Parity status
a. Pregnancies (total number) **SCNPREG** | | | | |
b. Vaginal deliveries (including stillbirths) | | | | |
SCNVGDEL
14. Have you ever used a spermicide? | | |
0=No **SCSPERM**
1=Yes **CSHP_NOYES**
15. Current contraceptive use **CSHP_NOYES (A-F)**
(Answer 0=NO or 1=YES for each)
a. Oral. **SCORAL** | | | | |
b. Injectables. **SCINJ** | | | | |
c. IUD. **SCIUD** | | | | |
d. Condom. **SCCON** | | | | |
e. Female sterilization. **SCFS** | | | | |
f. Other → Specify: **SCOTH** **SCOTH** | | | | |
Q15CODE1-Q15WORK
16. Do you douche (wash inside your vagina)? | | | | |
- 0=No **CSHP_NOYES** **SCDOUCHE**
1=Yes → Specify:
a. What do you use? **SCDOUCHO** _____
Q16ACOD1-Q16AWORK
b. Why do you douche? **SCYDOUCO** _____
Q16BCOD1-Q16BWORK
17. Have you ever had an STI?. **SCSTI** | | |
0=No **CSHP_NOYES**
1=Yes → Specify:
SCSTIO **Q17CODE1-Q17WORK** _____
- How many different men have you had vaginal sex with in the last 3 months? | | | | |
SC3MEN(Item **SC3MEN** was changed to a length of 4 in Clintrial production.)
18.
If fewer than 3 times, participant is not eligible. Complete FINAL form after completing this form.
19. How many of these men whom you had vaginal sex with in the last 3 months were new sexual partners? **SC3NEW** | | | | |
(Item **SC3NEW** was changed to a length of 4 in Clintrial production.)
20. On average, how many times do you have vaginal sex in a week (7 days)? | | | | |
SCAVGSEX(Item **SCAVGSEX** was changed to a length of 3 in Clintrial production.)
- If less than 3 times, participant is not eligible. Complete FINAL form after completing this form.**
21. How many times did you have vaginal sex in the last 7 days? **SC7SEX** | | | | |
(Item **SC7SEX** was changed to a length of 3 in Clintrial production.)
22. The last time you had vaginal sex, did you use a condom?. **SCCLT** | | | | |
0=No
1=Yes **CSHP_NOYES**

Initials of person completing form: _____

Date (dd/mm/yyyy): _____

23. Have you had anal sex (penis in anus) or oral sex
(penis in mouth) in the past 30 days?.....|____|

0=No

SCANOR

1=Yes (anal)

2=Yes (oral) CSHP_NYSEX

3=Yes (both anal and oral)