

**NIDA CTN 0056: Case Report Forms
BASELINE ASSESSMENT (SOC ARM)**

PATIENT INPUT

CONTACT INFORMATION AND DEMOGRAPHICS

Patient Name: _____

A. Unique Anonymous Code (CODE): □□□□□□□□

B. Ethnicity (BVAR1):

- Han Zhuang Miao Tong Melao Maonan
 Hui Jing Yi Shui Yilao Other (_____)

C. Sex (BVAR2): M F

D. National ID Number: □□□□□□□□□□□□□□□□

E. Age (BVAR3): _____ years

F. Marital Status (BVAR4): Never married Married/Partnered Divorced or Widowed Unknown

G. Educational Attainment (BVAR5): Illiterate Primary School Middle School
 High School or Technical School College or Higher

H. Occupation (BVAR6): _____

- Student Educator Caretaker Childcare worker/Housekeeper Food Services Employee
 Retail Services Employee Healthcare Provider Manual Laborer Migrant Worker Farmer
 Herdsman Fisherman Civil Service Military Staff Retired Homemaker or Unemployed Long
 Distance Truck Driver Other, specify _____ Unclear

I. Contact Number: _____

J. Current Residence (Detailed): _____ Province _____ City _____ County (District)
 Specific Address: _____ Township (Town、 Street) _____ Village _____ (House Number)

ELIGIBILITY STATUS

- Did the patient meet the inclusion criteria (BVAR7)? Yes (go to 3) No
- Reasons for exclusion (multiple choice, at least select one):
 Duplicate cases (BVAR8) Less than 18 years old (BVAR9) Pregnant woman (BVAR10)
 Prisoner or detainee at the time of initial screening (BVAR11) Non-resident or has no intent to live in study area for more than 90 days (BVAR12) Other reasons that the patient was excluded from the study (BVAR13) (go to 41)
- Was the patient given the participant handout? (BVAR14) Yes No
- Was the patient willing to share personal information with the study? (BVAR15) Yes No (go to 41)

SEXUAL AND DRUG USE HISTORY

- Most likely route of HIV infection (BVAR16) (Select one):
 Injection drug use Heterosexual transmission Homosexual transmission
 Sexual transmission + Injection drug use Blood (plasma) donation Blood (product) transfusion
 Mother-to-child transmission Occupational exposure Other: _____ (specify) Unknown
- In the past 3 months, did the patient use a condom during each sexual encounter? (BVAR17)
 Yes (go to 8) No Did not have sexual encounters (go to 8)
- If no, in the past 3 months, the patient has had _____ sexual partners without the use of a condom. (BVAR18)
- How many times in the past year has the patient used an illegal drug or used a prescription medication for non-medical reasons? (BVAR19) _____

9. In the past 3 months, has the patient shared drug injecting equipment: (BVAR20)

- Yes No (go to 11) Did not inject drugs (go to 11)

10. If yes, in the past 3 months, the patient has shared drug injecting equipment with ___ individuals. (BVAR21)

CLINICIAN AND LABORATORY STAFF INPUT

HOSPITAL SETTING

11. Treatment Department (that issues HIV lab test reports) (BVAR22): Outpatient (go to 14) Inpatient

12. Reason for hospitalizations: (BVAR23) _____

13. Date of discharge: (BVAR24) _____ Y _____ M _____ D

HIV SCREENING RESULTS

14. Initial Screening Result (BVAR25): Positive Negative (Patient ineligible. Stop.) Uncertain

15. Date (BVAR26): _____ Y _____ M _____ D

16. Testing Kit (BVAR27): Wantai Screening HIV EIA Determine Rapid Test Other, please specify: _____

17. Second Screening Result (BVAR28): Positive Negative Uncertain

18. Date (BVAR29): _____ Y _____ M _____ D

19. Testing Kit (BVAR30): Wantai Screening HIV EIA Determine Rapid Test Other, please specify: _____

20. Was the patient notified of the HIV screening results and provided post-screening counseling? (BVAR31)

- Yes No (go to 22)

21. If yes, provide date (BVAR32): _____ Y _____ M _____ D (go to 23)

22. If no, provide the reason (BVAR33):

- Away Unable to reach by phone Refused Incarcerated Other, please specify _____

23. Was the third screening testing performed? (BVAR34) Yes No (go to 37)

24. Third Screening Result (BVAR35): Positive Negative Uncertain

25. Date (BVAR36): _____ Y _____ M _____ D

26. Testing Kit (BVAR37): Wantai Screening HIV EIA Determine Rapid Test Other, please specify: _____

27. Was the patient notified of the HIV screening results and provided post-screening counseling? (BVAR38)

- Yes No (go to 29)

28. If yes, provide date (BVAR39): _____ Y _____ M _____ D (go to 30)

29. If no, provide the reason (BVAR40):

- Away Unable to reach by phone Refused Incarcerated Other, please specify _____

30. Was the fourth screening testing performed? (BVAR41) Yes No (go to 37)

31. Fourth Screening Result (BVAR42): Positive Negative Uncertain

32. Date (BVAR43): _____ Y _____ M _____ D

33. Testing Kit (BVAR44): Wantai Screening HIV EIA Determine Rapid Test Other, please specify: _____

34. Was the patient notified of the HIV screening results and provided post-screening counseling? (BVAR45)

- Yes No (go to 36)

35. If yes, provide date (BVAR46): _____ Y _____ M _____ D (go to 37)

36. If no, provide the reason (BVAR47):

- Away Unable to reach by phone Refused Incarcerated Other, please specify _____

WESTERN BLOT BLOOD DRAW

37. Was a blood sample for Western Blot testing drawn and sent to local CDC? (BVAR62) Yes No (go to 40)

38. Date of blood draw (BVAR63): _____ Y _____ M _____ D

39. Blood sample transfer date (BVAR64): _____ Y _____ M _____ D (go to 41)

40. If no, provide reason (BVAR65): Away Unable to reach by phone Refused, Incarcerated Other, please specify _____

CLINICIAN SIGN-OFF

41. Reporting Physician: _____

42. Report Date (BVAR66): ____Y ____M ____D

43. Additional Notes: _____

44. Checked by: _____ 45. Control Check Date: ____Y ____M ____D

CD4+ TESTING INFORMATION

21. Was CD4 testing performed before this follow-up? (Q21) Yes No (go to 24)
22. CD4+ results (Q22): _____ cells/ μ L
23. Date of CD4+ count test (Q23): ____Y____M____D (go to 25)
24. If no CD4+ test performed since baseline, provide reason (Q24):
 Away Unable to reach by phone Refused Incarcerated Other, please specify _____(go to 28)
25. Did the patient receive CD4+ test results and post-test counseling at the last assessment? (Q25)
 Yes No (go to 27)
26. If yes, date of in-person CD4+ result notification and counseling (Q26): ____Y____M____D (go to 28)
27. If no CD4+ results and counseling given, provide reason (Q27):
 Away Unable to reach by phone Refused Incarcerated Other, please specify _____

ART INITIATION INFORMATION

28. Has the patient met the eligibility criteria for ART initiation? (Q28) Yes No (go to 30)
29. If yes, provide reasons (multiple choice, at least select one) :
 CD4 \leq 350 (Q29_1) Serodiscordant couple (Q29_2) Clinical symptom (Q29_3) VL>100 000copy/ml (Q29_4) CD4 decreased quickly (Q29_5) Age>65 years (Q29_6) TB/HIV Co-infection (Q29_7) High patient compliance (Q29_8) Willingness to treat (Q29_9) Clinician's advice (Q29_10) Other _____ (Q29_11) (go to 31)
30. If no, provide reasons (multiple choice, at least select one):
 CD4>350 (Q30_1) Fear of side effects (Q30_2) Conscious without any discomfort symptoms (Q30_3) No opportunistic infection (Q30_4) VL \leq 100 000copy/ml (Q30_6) Financial hardship (Q30_7) Other _____ (Q30_8)
31. At present, is the patient engaging in the national free antiretroviral treatment (ART) program? (Q31)
 Yes No (go to 34)
32. ART Patient Number: □□□□□□□□□□□□□□
33. ART initiation date (Q33): ____Y____M____D

PARTICIPANT CONFIDENTIALITY

34. Was there any loss of confidentiality for the participant since the last assessment? (Q34) Yes No (go to 37)
35. If yes explain: _____
36. What was done to prevent this from occurring again: _____

CONTACT INFORMATION ON STAFF COMPLETING FORM

37. Follow-up Person: _____ 38. Report Date (Q38): _____Y____M____D
39. Additional Notes: _____
40. Checked by: _____ 41. Control Check Date: _____Y____M____D

**NIDA CTN 0056: Case Report Forms
BASELINE ASSESSMENT (One4All ARM)**

PATIENT INPUT

CONTACT INFORMATION AND DEMOGRAPHICS

Patient Name: _____

A. Unique Anonymous Code (CODE): □□□□□□□□

B. Ethnicity (BVAR1):

- Han Zhuang Miao Tong Melao Maonan
 Hui Jing Yi Shui Yilao Other (_____)

C. Sex (BVAR2): M F

D. National ID Number: □□□□□□□□□□□□□□□□

E. Age (BVAR3): _____ years

F. Marital Status (BVAR4): Never married Married/Partnered Divorced or Widowed Unknown

G. Educational Attainment (BVAR5): Illiterate Primary School Middle School
 High School or Technical School College or Higher

H. Occupation (BVAR6): _____

- Student Educator Caretaker Childcare worker/Housekeeper Food Services Employee
 Retail Services Employee Healthcare Provider Manual Laborer Migrant Worker Farmer
Herdsman Fisherman Civil Service Military Staff Retired Homemaker or Unemployed Long
Distance Truck Driver Other, specify _____ Unclear

I. Contact Number: _____

J. Current Residence (Detailed): _____ Province _____ City _____ County (District)
Specific Address: _____ Township (Town、 Street) _____ Village _____ (House Number)

ELIGIBILITY STATUS

1. Did the patient meet the inclusion criteria? (BVAR7) Yes (go to 3) No

2. Reasons for exclusion (multiple choice, at least select one):

- Duplicate cases (BVAR8) Less than 18 years old (BVAR9) Pregnant woman (BVAR10) Prisoner
or detainee at the time of initial screening (BVAR11) Non-resident or has no intent to live in study area for
more than 90 days (BVAR12) Other reasons that the patient was excluded from the study (BVAR13) (go to 35)

3. Was the patient given the participant handout? (BVAR14) Yes No

4. Was the patient willing to share personal information with the study? (BVAR15) Yes No (go to 35)

SEXUAL AND DRUG USE HISTORY

5. Most likely route of HIV infection (Select one) (BVAR16):

- Injection drug use Heterosexual transmission Homosexual transmission
 Sexual transmission + Injection drug use Blood (plasma) donation Blood (product) transfusion
 Mother-to-child transmission Occupational exposure Other: _____ (specify) Unknown

6. In the past 3 months, did the patient use a condom during each sexual encounter? (BVAR17)

- Yes (go to 8) No Did not have sexual encounters (go to 8)

7. If no, in the past 3 months, the patient has had _____ sexual partners without the use of a condom. (BVAR18)

8. How many times in the past year has the patient used an illegal drug or used a prescription medication for non-medical reasons? (BVAR19) _____

9. In the past 3 months, has the patient shared drug injecting equipment: (BVAR20)

- Yes No (go to 11) Did not inject drugs (go to 11)

10. If yes, in the past 3 months, the patient has shared drug injecting equipment with ___ individuals. (BVAR21)

CLINICIAN AND LABORATORY STAFF INPUT

HOSPITAL SETTING

11. Treatment Department (that issues HIV lab test reports) (BVAR22): Outpatient (**go to 14**) Inpatient

12. Reason for hospitalizations (BVAR23): _____

13. Date of discharge (BVAR24): ____Y____M____D

HIV SCREENING RESULTS

14. Initial Screening Result (BVAR25): Positive Negative (**Patient ineligible. Stop.**) Uncertain

15. Date (BVAR26): ____Y____M____D

16. Testing Kit (BVAR27): Wantai Screening HIV EIA Other, please specify: _____

17. Second Screening Result (BVAR28): 1st Testing Kit (Determine Rapid Test): Positive Negative Uncertain

18. Date (BVAR29): ____Y____M____D

19. Second Screening Result: 2nd Testing Kit (InTec Rapid Test) (BVAR30): Positive Negative Uncertain

20. Date (BVAR31): ____Y____M____D

21. Was the patient notified of the HIV screening results? (BVAR32)

Yes No (**go to 23**)

22. If yes, provide date (BVAR33): ____Y____M____D (**go to 24**)

23. If no, provide the reason (BVAR34):

Away Unable to reach by phone Refused Incarcerated Other, please specify _____

CD4 COUNT RESULTS

24. Was CD4+ count testing performed? (BVAR35) Yes No (**go to 27**)

25. CD4+ results (BVAR36): ____ cells/ μ L

26. Date (BVAR37): ____Y____M____D (**go to 28**)

27. If no, provide the reason (BVAR38):

Away Unable to reach by phone Refused Incarcerated Other, please specify _____ (**go to 31**)

28. Was the patient notified of the CD4+ results in person and provided comprehensive counseling? (BVAR39)

Yes No (**go to 30**)

29. If yes, provide the date of in-person CD4+ result notification and comprehensive counseling (BVAR40):
____Y____M____D (**go to 31**)

30. If no, provide the reason (BVAR41):

Away Unable to reach by phone Refused Incarcerated Other, please specify _____

VIRAL LOAD TESTING

31. Was a blood sample for VL testing drawn and sent to local CDC? (BVAR42) Yes No (**go to 34**)

32. Date of blood draw (BVAR43): ____Y____M____D

33. Blood sample transfer date (BVAR44): ____Y____M____D (**go to 35**)

34. If no, provide reason (BVAR45):

Away Unable to reach by phone Refused Incarcerated Other, please specify _____

CLINICIAN SIGN-OFF

35. Reporting Physician: _____ 36. Report Date (BVAR46): ____Y____M____D

37. Additional Notes: _____

38. Checked by: _____ 39. Control Check Date: ____Y____M____D

**NIDA CTN 0056: Case Report Forms
FOLLOW-UP ASSESSMENT (One4All ARM)**

1-month Follow-up/3-month Follow-up

PATIENT INFORMATION	
Patient name: _____	
A. Unique Anonymous Code (CODE): □□□□□□□□	
FOLLOW-UP STATUS	
1. Case Status (Q1): <input type="checkbox"/> Follow-up available (go to 3) <input type="checkbox"/> Detained (go to 3)	
<input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Patient identity unknown (No future follow-ups) (go to 14)	
2. The reason of lost to follow-up (Q2):	
<input type="checkbox"/> Away <input type="checkbox"/> Refused <input type="checkbox"/> Residence unknown <input type="checkbox"/> Cannot be reached by phone <input type="checkbox"/> Other _____ (go to 14)	
3. Is the participant deceased? (Q3) <input type="checkbox"/> Yes <input type="checkbox"/> No (go to 7)	
4. Date of death (Q4): _____Y_____M_____D	
5. Disease stage at death (Q5): <input type="checkbox"/> HIV infection <input type="checkbox"/> AIDS	
6. Main cause of death (Q6):	
<input type="checkbox"/> AIDS, Please specify: _____ (Q6 V) <input type="checkbox"/> Suicide <input type="checkbox"/> Drug overdose <input type="checkbox"/> Other, Please specify _____ (Q6 V)	
(The follow-up for dead cases is over, go to 27.)	
CLINICIAN AND LABORATORY STAFF INPUT	
HOSPITALIZATION INFORMATION	
7. Was the patient hospitalized since the baseline assessment (for 1-month)/since the last follow-up assessment (for 3-month)? (Q7) <input type="checkbox"/> Yes <input type="checkbox"/> No (go to 14)	
8. Number of hospitalizations since the baseline assessment (for 1-month)/since the last follow-up assessment (for 3-month) (Q8): _____	
9. Reason for 1 st hospitalization (Q9): _____	
10. Reason for 2 nd hospitalization (Q10): _____	
11. Reason for 3 rd hospitalization (Q11): _____	
12. Reason for 4 th hospitalization (Q12): _____	
13. Reason for 5 th hospitalization (Q13): _____	
VIRAL LOAD TESTING INFORMATION	
14. Was viral load/confirmatory testing performed before this follow-up? (Q14) <input type="checkbox"/> Yes <input type="checkbox"/> No (go to 17)	
15. If yes, Viral load results (Q15): _____copies/uL	
16. Date of viral load testing (Q16): _____Y_____M_____D (go to 18)	
17. If not done, provide reason (Q17): <input type="checkbox"/> Away <input type="checkbox"/> Unable to reach by phone	
<input type="checkbox"/> Incarcerated <input type="checkbox"/> Refused <input type="checkbox"/> Other, please specify _____ (go to 21)	
18. Did the patient receive viral load/confirmatory testing results and post-test counseling? (Q18)	
<input type="checkbox"/> Yes <input type="checkbox"/> No (go to 20)	
19. Testing and counseling date (Q19): _____Y_____M_____D (go to 21)	
20. If not done, provide reason (Q20):	
<input type="checkbox"/> Away <input type="checkbox"/> Unable to reach by phone <input type="checkbox"/> Refused <input type="checkbox"/> Incarcerated <input type="checkbox"/> Other, please specify _____	

ART INITIATION INFORMATION

21. Has the patient met the eligibility criteria for ART initiation? (Q21) Yes No (go to 23)

22. If yes, provide reasons (multiple choice, at least select one) :

- CD4≤350 (Q22_1) Serodiscordant couple (Q22_2) Clinical symptom (Q22_3) VL>100 000copy/ml (Q22_4) CD4 decreased quickly(Q22_5) Age>65 years (Q22_6) TB/HIV Co-infection (Q22_7) High patient compliance (Q22_8) Willingness to treat (Q22_9) Clinician's advice (Q22_10)
- Other _____ (Q22_11) (go to 24)

23. If no, provide reasons (multiple choice, at least select one):

- CD4>350 (Q23_1) Fear of side effects (Q23_2) Conscious without any discomfort symptoms (Q23_3)
- No opportunistic infection (Q23_4) VL≤100 000copy/ml (Q23_6) Financial hardship (Q23_7)
- Other _____ (Q23_8)

24. At present, is the patient engaging in the national free antiretroviral treatment (ART) program? (Q24)

- Yes No (go to 27)

25. ART Patient Number: □□□□□□□□□□□□□□

26. ART initiation date (Q26): _____Y____M____D

PARTICIPANT CONFIDENTIALITY

27. Was there any loss of confidentiality for the participant since the last assessment? (Q27) Yes No (go to 30)

28. If yes explain: _____

29. What was done to prevent this from occurring again: _____

CONTACT INFORMATION ON STAFF COMPLETING FORM

30. Follow-up Person: _____ 31. Report Date (Q31): _____Y____M____D

32. Additional Notes: _____

33. Checked by: _____ 34. Control Check Date: _____Y____M____D

**NIDA CTN 0056 CASE REPORT FORM
12-MONTH FOLLOW-UP ASSESSMENT**

PATIENT INFORMATION	
Patient name: _____	
A. Unique Anonymous Code (CODE): □□□□□□□□	
FOLLOW-UP STATUS	
1. Case status (Q1): <input type="checkbox"/> Follow-up available (go to 6) <input type="checkbox"/> Detained (go to 6) <input type="checkbox"/> Lost to follow-up (go to next) <input type="checkbox"/> Deceased (go to 3)	
<input type="checkbox"/> Unwilling to consent (go to 34)	
2. Main reason for lost to follow-up (Q2):	
<input type="checkbox"/> Away <input type="checkbox"/> Refused <input type="checkbox"/> Residence unknown <input type="checkbox"/> Cannot be reached by phone <input type="checkbox"/> Other, please specify _____ (Q2_V) (go to 6)	
3. Date of death (Q3): _____Y____M____D	
4. Disease stage at death (Q4): <input type="checkbox"/> HIV infection <input type="checkbox"/> AIDS <input type="checkbox"/> Undetermined	
5. Main cause of death (Q5):	
<input type="checkbox"/> AIDS-related disease, Please specify: _____ (Q5_V) <input type="checkbox"/> Suicide <input type="checkbox"/> Drug overdose <input type="checkbox"/> Other, please specify _____ (Q5_V) (go to 6)	
CLINICIAN AND LABORATORY STAFF INPUT	
PATIENT TESTING COMPLETION STATUS	
6. Did the patient achieve testing completion and receive counseling within 3 months of his or her first positive EIA (i.e. ELISA+CD4+VL for One4all, ELISA+WB+CD4 for SOC)?(Q6) <input type="checkbox"/> Yes (go to 23) <input type="checkbox"/> No (go to next)	
Questions 7-18 are intended to collect testing information between the 3-month and 12-months follow-up	
7. Did the patient achieve testing completion and receive counseling between the 3-month and 12-month follow-ups (not including this follow-up) (Q7)?	
<input type="checkbox"/> Yes (go to 9) <input type="checkbox"/> No (go to next)	
8. If no, provide reason why the patient did not complete testing or receive counseling between the 3-month and 12-month follow-ups (Q8):	
<input type="checkbox"/> Away <input type="checkbox"/> Refused <input type="checkbox"/> Residence Unknown <input type="checkbox"/> Unable to reach by phone <input type="checkbox"/> Deceased <input type="checkbox"/> Incarcerated	
<input type="checkbox"/> Other, please specify _____ (Q8_V)	
9. List any HIV-related tests that have been performed between the 3-month and 12-month follow-ups (not including this follow-up):	
<input type="checkbox"/> EIA Screening test (Q9_1) <input type="checkbox"/> WB (Q9_2) <input type="checkbox"/> VL (Q9_3) <input type="checkbox"/> none was taken (Q9_4) (go to 19)	
10. EIA screening test result (Q10): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	
11. Date of EIA screening test (Q11): _____Y____M____D	
12. Was the participant notified of the test result and provided with counseling (Q12)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. WB test result (Q13): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	
14. Date of WB test (Q14): _____Y____M____D	
15. Was the participant notified of the test result and provided with counseling (Q15)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. VL test result (Q16): <input type="checkbox"/> _____copies/uL (Q16_V) <input type="checkbox"/> Undetectable viral load	
17. Date of VL test (Q17): _____Y____M____D	
18. Was the participant notified of the test result and provided with counseling (Q18)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. List any other tests than the VL test that have been performed during this follow-up appointment:	
<input type="checkbox"/> EIA Screening test (Q19_1) <input type="checkbox"/> WB test (Q19_2) <input type="checkbox"/> CD4 test (Q19_3) <input type="checkbox"/> None was taken (Q19_4) (go to 23)	
20. EIA screening test result (Q20): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	
21. WB test result (Q21): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	
22. CD4 test result (Q22): _____	

ART INITIATION INFORMATION

23. Has the patient ever enrolled in the ART treatment program (Q23)? Yes (go to 25) No (go to next)

24. Explain why the patient did not ever initiate ART therapy (select multiple options):

Patient-driven:

Deceased (Q24_1) Lost to follow-up (Q24_2) Treatment refusal (Q24_3) No discomfort symptoms (Q24_4) Fear of side effects (Q24_5) Financial hardship (Q24_6) Other (Q24_7), please specify _____ (Q24_7_V)

Physician-driven:

Did not receive HIV confirmation test (Q24_8) CD4 > 350 cells/ul (Q24_9) CD4 > 500 cells/ul (Q24_10) VL <= 100 000 copies/ul (Q24_11) No opportunistic infection (Q24_12) Under treatment for OIs (Q24_13) Other (Q24_14), please specify _____ (Q24_14_V) (go to next)

VIRAL LOAD TESTING INFORMATION

25. Was blood drawn for viral load testing and delivered to provincial CDC during this follow-up (Q25)? Yes (go to 27) No (go to next)

26. If no, provide reason (Q26):

Away Refused Residence Unknown Unable to reach by phone Deceased Incarcerated Participant terminated ART treatment Other, please specify _____ (Q26_V) (go to 31)

27. Date of blood draw (Q27): _____ Y _____ M _____ D

28. Date of blood sample delivery (Q28): _____ Y _____ M _____ D

29. Viral load results (Q29): _____ copies/uL (Q29_V filled if Q29=1) Undetectable viral load

30. Date that viral load testing was performed at the provincial CDC lab: _____ Y _____ M _____ D (Q30)

PARTICIPANT CONFIDENTIALITY

31. Was there any loss of confidentiality for the participant since the last assessment (Q31)? Yes (go to next) No (go to 34)

32. If yes, explain (Q32): _____

33. Measures taken to prevent this from occurring again (Q33): _____

CONTACT INFORMATION ON STAFF COMPLETING FORM

34. Follow-up Person: _____ 35. Report Date (Q35): _____ Y _____ M _____ D

36. Additional Notes (Q36): _____

37. Checked by: _____ 38. Control Check Date: _____ Y _____ M _____ D