Completion/Termination

1. Did the participant complete the follow-up visit? [ ] yes [ ] no → If no, skip to 2.
   1a. What is the date the visit was completed? [ ] dd [ ] 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 [ ] no → If no, skip to 3.
   2a. If yes, what was the reason for refusal? Mark all that apply.
      [ ] 2a1. participant declined to give reason for refusal
      [ ] 2a2. I don't have time to participate in the survey
      [ ] 2a3. I already know that I am HIV positive
      [ ] 2a4. I don't wish to be tested for HIV/get my test results
      [ ] 2a5. I don't want you to draw my blood/take my blood away
      [ ] 2a6. I find the topic uncomfortable or embarrassing
      [ ] 2a7. need partner permission/partner wouldn't allow it
      [ ] 2a8. need parental permission/parent wouldn't allow it
      [ ] 2a9. prefer to test away from home
      [ ] 2a10. prefer to test without partner present
      [ ] 2a11. fear breach of confidentiality
      [ ] 2a12. other, specify: ________________________________

3. Has the participant died? [ ] yes [ ] no → If no, skip to 4.
   3a. date of death [ ] dd [ ] MMM [ ] yy
   3b. cause of death ________________________________

4. Has the participant been incarcerated? [ ] yes [ ] no → If no, skip to 5.
   4a. Duration of incarceration: [ ] dd [ ] MMM [ ] yy

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

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: [ ] [ ] [ ]

7. participant relocated outside of Swaziland [ ]
   8. inappropriate enrollment Complete a Field Incident Report.

9. unable to contact participant after several attempts. Specify actions taken to follow-up with participant. ________________________________
   10. other, specify: ________________________________

11. In consultation with a manager and based on the information above, should the participant be terminated? [ ] yes [ ] no → If no, end of form.
   11a. What is the date termination was determined? [ ] dd [ ] MMM [ ] yy