**Checklist Instructions:** Enter your own initials next to the procedure(s) you completed. Do not initial for other staff members. If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why if not self-explanatory; initial and date the entry. If any procedure is not conducted on the visit date recorded above, ensure the date the procedure was conducted is included.

RED TEXT = REDCap Instrument (direct data entry unless otherwise specified in site Source Document SOP)

GREEN TEXT = MATRIX-002 Tool/Document [HIGHLIGHTS = sites to include or delete text/row as applicable]

| **PROCEDURE** | **Initials** |
| --- | --- |
| [Review and file screening script, *if applicable*] |  |
| Confirm this visit is completed within 1 month of V9  *Participant V9 date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| Confirm participant identity, *per site SOP* |  |
| Review and obtain written informed consent for Sexual Partner in one of the study languages and *per site SOP*, including:   * Comprehension assessment using: MATRIX-002 SEXUAL PARTNER ICCA * IC documentation using MATRIX-002 SEXUAL PARTNER INFORMED CONSENT COVERSHEET |  |
| Second researcher: check IC accuracy & completeness while the participant is present |  |
| Assign PTID by completing MATRIX-002 SEXUAL PARTNER PTID ASSIGNMENT Log |  |
| Select matching PTID in REDCap. Complete ESTABLISH PTID |  |
| Administer SEXUAL PARTNER DEMOGRAPHIC (SPDEM) |  |
| Review and assess eligibility by completing  MATRIX-002 SEXUAL PARTNER SUBSET ELIGIBILITY CHECKLIST |  |
| Explain procedures to be performed at today’s visit |  |
| Collect adequate locator information, *per site SOP* |  |
| Complete SEXUAL PARTNER ICF |  |
| Complete Sexual Partner IDI   * Conducted on date of consent * Scheduled for alternate day/time (within 1 month of V9)   Name of interviewer: Date completed (if not date of IC): |  |
| * Provide reimbursement [sites may add details] |  |
| Document visit in a detailed chart note |  |
| Perform QC1 review while participant is still present, including:   * Visit checklist to ensure all relevant procedures were completed during the visit |  |
| Perform QC2 review, including REDCap and paper forms   * Review chart notes to ensure completeness and accuracy |  |

REMINDER: Multiple visits may be conducted to complete all required procedures, if necessary.

Comments: