***Introduction:*** *Introduce yourself and explain that you will go through a few questions to find out whether the prospective participant can screen for the CARE PrEP Study that is being conducted at <study site facility name>. Ask the prospective participant about the following question and record responses.*

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| --- | --- |
| Have they been enrolled in CATALYST? | [ ]  Yes [ ]  No (screen-out) |
| What is their age? | [ ]  under 15 yo (screen-out)  [ ]  15-17  is participant an emancipated minor? [ ]  Yes [ ]  No (screen-out)[ ]  18yo and over |
| Are they currently pregnant? | [ ]  Yes [ ]  unsure [ ]  No (screen-out) |
| Are they currently or planning to attend ANC services? | [ ]  Current [ ]  planning [ ]  unsure [ ]  No (screen-out) |
| Have they used any of these PrEP methods?  | CAB  Been injected since 6 months before becoming pregnant or since pregnant?  [ ]  Yes [ ]  No Ring  Used ring for the majority of the last 4 weeks? [ ]  Yes [ ]  No Oral PrEP  Used oral PrEP for the majority of the last 4 weeks? [ ]  Yes [ ]  No [ ]  **Screen out if NO to all above** |
| What is the estimated gestational age of the pregnancy? | [ ]  <4wks [ ]  4-34wks [ ]  >34wks (screen-out) |
| Are they willing to come for visits every 3 months until they deliver?  | [ ]  Yes [ ]  No (screen-out) |
| Are they willing to consent for their infant(s) to enroll upon birth and come for a visit around 3 and 6 months of life?  | [ ]  Yes [ ]  No (screen-out) |
| Do they plan to stay around here until their baby will be 6 months old? | [ ]  Yes [ ]  No (screen-out) |
| Are they interested to learn more about the study and potentially join the study if eligible? | [ ]  Yes [ ]  No (screen-out) |

Thank the prospective participant for their responses.

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| --- | --- |
| Pre-screening outcome | [ ]  Presumptively eligible  schedule Enrollment Visit[ ]  May become eligible later 🡪 schedule next pre-screening contact or Enrollment visit, as relevant[ ]  No (screen-out) |
| Scheduled Enrollment Visit Date: |  |
| Comments: |
| Study staff completed by: | Name | Date |
| Recruitment Outcome: |  | Signature |

*Note: Pre-screening is part of recruitment. Staff must explain to CARE PrEP potential study participants that this form is meant to ascertain elements of presumptive eligibility that will be confirmed at an on-site screening/enrollment visit and that no information collected from participants may be used for publication purposes. This form should not be left with the potential participant.*