

Participant ID:	Date:
Has volunteer previously reported any sex partner(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials and Comments:	
Is there a protection plan for sex partner(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, offer shared study visit and navigation
Initials and Comments:	
Has volunteer had new sex partner(s) since last visit and/or anticipate change in sex partner(s)?	<input type="checkbox"/> Yes, new partner(s) <input type="checkbox"/> Yes, anticipate change <input type="checkbox"/> No
If yes , describe type of partner(s), changes in life situations or basics needs (cis/trans male/female), context (travel, event/party, sexwork, etc.), and plans for protecting partners. Offer shared study visit and navigation assistance.	
Initials and Comments:	
Review that viral rebound can occur at any time during the treatment interruption and may occur without any symptoms.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed
Initials and Comments:	
Review the risk that viral rebound poses to sex partner(s) and the potential legal risk to participant.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed
Initials and Comments:	
Ask whether the participant is aware of the HIV criminalization laws surrounding transmission. Ask if the participant is aware that HIV criminalization laws may be applied even in situations where there is no transmission. Ask if the participant wants to discuss this or wants to learn where to access additional information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials and Comments:	
Ask whether the participants wants to leave with condoms.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials and Comments:	
Ask whether the participants wants to discuss safer sex practices with an HIV prevention counselor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials and Comments:	
Ask whether the participant or their sex partner(s) want to discuss PrEP with a research team member.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials and Comments:	
If PrEP has been discussed previously, follow up on whether action has been taken by the partner(s) and whether navigation assistance is needed.	
Initials and Comments:	
Offer the HIV Treatment Interruption Study Participation Disclosure Sheet, PrEP for Partners, and Special Considerations for Cisgender Female Partners, as applicable.	
Initials and Comments:	