**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 this 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-003 Tool/Document [HIGHLIGHTS = sites to include or delete text/row as applicable]

| **PROCEDURE** | **Initials** |
| --- | --- |
| Confirm participant identity per site SOP, and PTID |  |
| Confirm visit is within window period, *per SSP* |  |
| Type of contact: * Telephone contact
* SMS
* Email
* In-person
 |  |
| Explain procedures to be performed at today’s visit/contact  |  |
| Confirm participant is still willing to participate |  |
| Log into REDCap and select the appropriate PTID |  |
| Administer BRIEF ACCEPTABILITY ASSESSMENT [FU2] CRF  |  |
| Review/update medical and menstrual history by completing UPDATED MEDICAL AND MENSTRUAL HISTORY |  |
| Review/update CONCOMITANT MEDICATION LOG  |  |
| Assess for AEs.  Document on ADVERSE EVENT LOG if applicable  |  |
| Review/Provide lab results  |  |
| Provide counseling (if indicated) per MATRIX-003 PROTOCOL COUNSELING GUIDE & WORKSHEET: * Protocol counseling
* Contraceptive counseling for participants of childbearing potential
* HIV/STI risk reduction counseling
 |  |
| Assess any concerns that require additional in-depth discussion. Assess proper follow-up as needed. Consult with clinician if needed.  |  |
| Review/update locator information, *per site SOP*  |  |
| Provide reimbursement [sites may add details] |  |
| Document visit in a detailed chart note  |  |
| Schedule (or remind participant) of next visit/contact [sites may add details] |  |
| Provide instructions to contact the site for additional information and/or counseling if needed before the next visit |  |
| Complete VISIT SUMMARY |  |
| Perform QC1 review, including:* Review of visit checklist items to ensure all relevant procedure were completed during the visit
 |  |
| Perform QC2 review, including accuracy and completeness REDCap and paper forms, if applicable |  |