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**Cohort Study of HIV, STIs and Preventive Interventions among Young MSM in Thailand**

**YMSM Study Screening Eligibility Checklist**

Visit date

Screening Number :

<b>S00</b>	Are you willing to participate in screening procedure and giving written assent or consent for screening?	[ ]
	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
<b>S01</b>	Are you Thai nationality? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	[ ]
<b>S02</b>	Are you male at birth? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	[ ]
<b>S03</b>	How old are you? Age _____ years Birthdate: (DD/MM/YYYY) _____	[ ]
<b>S04</b>	Where is your current resident province?	[ ]
For SCC/BH only	(1) Bangkok, District: _____ Zip code: _____ (2) Bangkok vicinity i.e. Nakhon Pathom, Samut Prakan, Nonthaburi, Pathum Thani District: _____ Zip code: _____ (3) Others province: _____	
For Nakhon Sawan only	Where is your current resident province? (1) Nakhorn Sawan, District: _____ Zip Code: _____ (2) Others province: _____	[ ]
<b>S05</b>	If >=18 years, in the past 6 months, have you had oral or anal sex with another man ?	[ ]
	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
<b>S05.1</b>	If <18 years, Are you interested in having sexual relationship with a man?	[ ]
	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
<b>S06</b>	Will you be able to follow-up 3 monthly visits for 3 years ?	[ ]
	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
<b>The following part to be completed by staff</b>		
<b>S07</b>	Participant has complete	
	<b>S07.1</b> Screening assent form or Screening consent form <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	[ ]
	<b>S07.2</b> HIV rapid test <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	[ ]
	<b>S07.3</b> CASI questionnaire <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	[ ]
<b>S08</b>	<input type="checkbox"/> Eligible <input type="checkbox"/> (1) participate <input type="checkbox"/> (2) not participate, specify reason _____	[ ]
<b>S09</b>	<input type="checkbox"/> Not eligible; reason for exclude	[ ]
	<input type="checkbox"/> Plan to relocate within the next 3 months	
	<input type="checkbox"/> HIV infected >>> <input type="checkbox"/> CASI link2care for Seroconverted	