

TEBELOPELE VOLUNTARY COUNSELING AND TESTING CENTRE
HIV COUNSELLING AND TESTING RECORD (BOTSWANA Combination Prevention Project, Feb 6, 2015)
INDIVIDUAL INTAKE FORM
Instructions:

After completing the enumeration form, complete this client intake form for all individuals in the household or at the mobile testing location who are ≥16 years of age and who give permission for you to talk to them about HIV testing and counseling. Words in italics or light font are instructions for interviewer and should not be read out loud. Words in boldface type are questions for the client.

Date of interview (DD/MM/YYYY)	
Counselor code	
We would now like to talk to you about HIV testing and counseling and ask some questions about you and your background. Do you give permission for us to proceed?	<input type="checkbox"/> Yes (<i>go to section A, question 1</i>) <input type="checkbox"/> No (<i>go to refusal question R1</i>)
R1. Refusal ID number (<i>Obtain this number from the list of IDs for participants refusing the intake form. Do not use client unique ID number.</i>)	_ - _ - _ - _ - _ - _ -
R2. Testing and counseling site	<input type="checkbox"/> In home (<i>go to R2a</i>) <input type="checkbox"/> Mobile unit (<i>go to R3</i>) <input type="checkbox"/> Tent (<i>go to R3</i>)
R2a. Specify enumeration form household member ID	_ _ _ _ _ - _ _ - _ (<i>specify HH number and member letter</i>)
R3. Gender	<input type="checkbox"/> male <input type="checkbox"/> female
R4. What is your age?	_ _ _
R5. We respect your decision to decline. It would help us improve the Ya Tsie study if you could tell me the main reason why you do not want to participate.	<input type="checkbox"/> I don't have time due to household duties <input type="checkbox"/> I don't have time due to work commitments <input type="checkbox"/> I don't have time for other reasons, specify other reasons _____ <input type="checkbox"/> I don't want to answer the questions <input type="checkbox"/> My family member(s) don't want me to answer the questions <input type="checkbox"/> I am afraid my information will not be private <input type="checkbox"/> I already know I am HIV+ <input type="checkbox"/> I already know I am HIV- <input type="checkbox"/> I already know my HIV status (participant did not disclose status to interviewer) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Declined to answer

A. Household location information

1. BCPP community name	
2. Plot unique ID	
2a. Household unique ID	
3. Description of physical address <i>Include ward (if known), location relative to roads and landmarks, and distinguishing information such as number and type of outbuildings, the color of the door, etc.</i>	<hr/> <hr/> <hr/>
4. GPS coordinates (record at main gate to household)	
5. CSO Number <i>Record four nines (9999) if CSO number is not present at household.</i>	
B. Client information	
6. Client unique ID	
7. First name	
8. Middle name	
9. Surname	
10. Is _____ (state BCPP community currently in) your community of residence? <i>(community of residence is where individual spends, on average, ≥14 nights per month)</i>	<input type="checkbox"/> Yes (go to 11) <input type="checkbox"/> No (go to 10a)
10a. Are you a part-time resident of _____ (state BCPP community currently in)? (A person is a part-time resident if they spend between 3 and 13 nights per month in a community.)	<input type="checkbox"/> Yes (go to 11) <input type="checkbox"/> No (go to 10b)
10b. What is your community of residence?	
11. Are you a Botswana citizen?	<input type="checkbox"/> Yes (go to 11a) <input type="checkbox"/> No (go to 11c)

11a. Do you have an Omang number?	<input type="checkbox"/> Yes (<i>go to 11b</i>) <input type="checkbox"/> No (<i>go to 11d</i>)
11b. Omang number <i>The Omang number should be transcribed from the Omang card.</i>	_____ (<i>go to 12</i>)
11c. If not a citizen, are you legally married to a Botswana citizen? <i>A marriage certificate must be shown for a "yes" answer.</i>	<input type="checkbox"/> Yes (<i>go to 11d</i>) <input type="checkbox"/> No (<i>go to 11d</i>)
11d. Do you have a passport?	<input type="checkbox"/> Yes (<i>go to 11e</i>) <input type="checkbox"/> No (<i>go to 12</i>)
11e. Passport number	_____ (<i>go to 12</i>)
12. Date of Birth (DD/MM/YYYY)	
13. Age	
14. Sex	<input type="checkbox"/> Female (<i>go to 14b</i>) <input type="checkbox"/> Male (<i>go to 15</i>)
14b. For female participants only: Are you pregnant?	<input type="checkbox"/> Yes (<i>go to 15</i>) <input type="checkbox"/> No (<i>go to 15</i>) <input type="checkbox"/> Don't know (<i>go to 15</i>)
15. Would you be willing to provide a phone number we can call in case we need to contact you for any study-related reason?	<input type="checkbox"/> Yes (<i>go to 15a</i>) <input type="checkbox"/> No (<i>go to 16</i>) <input type="checkbox"/> Don't have a phone (<i>go to 16</i>)
15a. Please give me the best phone number to reach you at.	(<i>go to 15b</i>)
15b. If we cannot reach you at this number, is there another number we can call?	<input type="checkbox"/> Yes (<i>go to 15c</i>) <input type="checkbox"/> No (<i>go to 16</i>)
15c. What is this phone number?	

16. Testing and counseling site	<input type="checkbox"/> in home (<i>go to 16a</i>) <input type="checkbox"/> mobile unit (<i>go to 17</i>) <input type="checkbox"/> tent (<i>go to 17</i>)
16a. Specify household visit number	<input type="checkbox"/> Visit 1 (<i>go to 16b</i>) <input type="checkbox"/> Visit 2 (<i>go to 16b</i>) <input type="checkbox"/> Visit 3 (<i>go to 16b</i>)
16b. Specify enumeration form household member ID	_____ - ____ - ____ (<i>specify HH number and member letter</i>)
C. Demographics and Risk Factors	
17. What level of education have you completed? (<i>Tick only one answer choice</i>)	<input type="checkbox"/> None <input type="checkbox"/> Non formal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary (Higher than secondary, such as vocational college or university)
18. What is your current employment status? (<i>Tick only one answer choice</i>)	<input type="checkbox"/> Full-time employed <input type="checkbox"/> Part-time employed <input type="checkbox"/> Seasonal or intermittent employment <input type="checkbox"/> Informal self-employment <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Not working (non-student, not retired) <input type="checkbox"/> Don't want to answer
19. What is your current marital status?	<input type="checkbox"/> Single/Never married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Married <input type="checkbox"/> Divorced or formally separated <input type="checkbox"/> Widowed <input type="checkbox"/> Don't want to answer
20. Now I would like to ask you about how frequently you drink alcohol. In the past THREE months, how often have you had a drink containing alcohol?	<input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times per month <input type="checkbox"/> 2-3 times per week <input type="checkbox"/> 4 or more times per week
<p><i>Now I will ask some questions about sex and sex partners. Some of these questions may make you uncomfortable; however, please remember that your answers are confidential and it is really important for us to get the most honest answer you can give us. In this set of questions, when I say sex, I mean vaginal or anal sex. I do not mean oral sex, kissing, or touching with hands. When I say a partner, I mean anyone you might have had sex with. Partners can be your husband, wife or wives, girlfriends, boyfriends, friends, casual partners, prostitutes, or someone you may have met at a bar, or at a wedding or other special events, etc.</i></p>	
21. Have you ever had sex?	<input type="checkbox"/> Yes (<i>go to 22</i>) <input type="checkbox"/> No (<i>go to 27</i>)

22. Have you had sex in the past 12 months?	<input type="checkbox"/> Yes (go to 23) <input type="checkbox"/> No (go to 27)
23. How many sex partners have you had in the past 12 months? (enter number as 01, 02, etc.)	— — if 1, complete 24a-d; if 2, complete 24a-d and 25a-d if 3 or more, complete 24a-d, 25a-d, and 26a-d
Now I am going to ask you some questions about sexual partners you have had in the last 12 months.	
24a. I would like to start by asking some questions about your most recent sexual partner. What is your relationship with this partner?	<input type="checkbox"/> Spouse (husband/wife) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Casual (known) sex partner <input type="checkbox"/> One time partner (previously unknown) <input type="checkbox"/> Commercial sex worker <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Decline to answer
24b. What is this partner's HIV status?	<input type="checkbox"/> HIV Positive (skip to 24d) <input type="checkbox"/> HIV Negative (go to 24c) <input type="checkbox"/> I am not sure (go to 24c) <input type="checkbox"/> Decline to answer (go to 24c)
24c. Has this partner been tested for HIV in the last 12 months?	<input type="checkbox"/> Yes (go to 24d) <input type="checkbox"/> No (go to 24d) <input type="checkbox"/> Don't know (go to 24d)
24d. Does this partner live in this community? <i>The partner lives in the community if he/she usually spends 14 nights or more in the community each month.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
25a. Now I am going to ask you about your second most recent sexual partner. What is your relationship with this partner?	<input type="checkbox"/> Spouse (husband/wife) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Casual (known) sex partner <input type="checkbox"/> One time partner (previously unknown) <input type="checkbox"/> Commercial sex worker <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Decline to answer
25b. What is this partner's HIV status?	<input type="checkbox"/> HIV Positive (skip to 25d) <input type="checkbox"/> HIV Negative (go to 25c) <input type="checkbox"/> I am not sure (go to 25c) <input type="checkbox"/> Decline to answer (go to 25c)
25c. Has this partner been tested for HIV in the last 12 months?	<input type="checkbox"/> Yes (go to 25d) <input type="checkbox"/> No (go to 25d) <input type="checkbox"/> Don't know (go to 25d)

25d. Does this partner live in this community? <i>The partner lives in the community if he/she usually spends 14 nights or more in the community each month.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
26a. Now I am going to ask you about your third most recent sexual partner. What is your relationship with this partner?	<input type="checkbox"/> Spouse (husband/wife) <input type="checkbox"/> Cohabiting partner <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Casual (known) sex partner <input type="checkbox"/> One time partner (previously unknown) <input type="checkbox"/> Commercial sex worker <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Decline to answer
26b. What is this partner's HIV status?	<input type="checkbox"/> HIV Positive (<i>skip to 26d</i>) <input type="checkbox"/> HIV Negative (<i>go to 26c</i>) <input type="checkbox"/> I am not sure (<i>go to 26c</i>) <input type="checkbox"/> Decline to answer (<i>go to 26c</i>)
26c. Has this partner been tested for HIV in the last 12 months?	<input type="checkbox"/> Yes (<i>go to 26d</i>) <input type="checkbox"/> No (<i>go to 26d</i>) <input type="checkbox"/> Don't know (<i>go to 26d</i>)
26d. Does this partner live in this community? <i>The partner lives in the community if he/she usually spends 14 nights or more in the community each month.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
D. HIV testing history	
Many people have had a test to see if they have HIV. Now I am going to ask you some questions about whether you have been tested for HIV and, if you have been tested, whether you received the results. Please remember that all of your answers are confidential.	
27. Have you ever previously been tested for HIV?	<input type="checkbox"/> Yes (<i>go to 28</i>) <input type="checkbox"/> No (<i>go to Part F – HIV testing and counseling</i>)
28. Where did you last undergo HIV testing?	<input type="checkbox"/> TVCT in this community <input type="checkbox"/> TVCT outside of this community <input type="checkbox"/> Antenatal care at Public Healthcare Facility <input type="checkbox"/> Other care (not antenatal) at Public Healthcare Facility <input type="checkbox"/> Antenatal care at Private Healthcare Facility <input type="checkbox"/> Other care (not antenatal) at Private Healthcare Facility <input type="checkbox"/> Door to door projects <input type="checkbox"/> Other VCT site <input type="checkbox"/> Other <input type="checkbox"/> Don't remember

29. Is a record of your last HIV test available to review today? (for HIV+ persons, other documentation of HIV status, such as a health card or pill bottle, is acceptable)	<input type="checkbox"/> Yes (go to 29a) <input type="checkbox"/> No (go to 29c) <input type="checkbox"/> Decline to answer (go to 29c)
29a. Recorded date of previous test: (Only record if written documentation of test date. Do not record self-reported test dates.)	____/____/____ (day/month/year) (go to 29b)
29b. Recorded result of previous test:	<input type="checkbox"/> HIV+ (go to 29d) <input type="checkbox"/> HIV- (go to 29e) <input type="checkbox"/> Indeterminate (go to Section E)
29c. What was the result of your last HIV test?	<input type="checkbox"/> HIV+ (go to 29d) <input type="checkbox"/> HIV- (go to 29e) <input type="checkbox"/> Indeterminate (go to Section E) <input type="checkbox"/> Decline to answer (go to Section E)
29d. Have you ever attended a health clinic for HIV care?	<input type="checkbox"/> Yes (go to 29d-1) <input type="checkbox"/> No (go to Section E) <input type="checkbox"/> Decline to answer (go to Section E)
29d-1. What is the name of the clinic you most recently visited for HIV care?	_____ (go to 29d-2)
29d-2. Do you have a health card available to review today? Check yes if client shows card to counselor, check no if client does not show card.	<input type="checkbox"/> Yes (go to 29d-2a) <input type="checkbox"/> No (go to 29d-4) <input type="checkbox"/> Decline to answer (go to 29d-4)
29d-2a. Is there documentation that the client attended the clinic reported in 29d-1?	<input type="checkbox"/> Yes (go to 29d-3) <input type="checkbox"/> No (go to 29d-3) <input type="checkbox"/> Decline to answer (go to 29d-3)
29d-3. What is the next scheduled appointment date? Record most recent scheduled appointment date (even if date has passed)	____/____/____ (day/month/year) (go to 29d-4)
29d-4. Have you ever taken ART?	<input type="checkbox"/> Yes (go to 29d-4a) <input type="checkbox"/> No (go to Section E) <input type="checkbox"/> Decline to answer (go to Section E)
29d-4a. Are you currently taking ART?	<input type="checkbox"/> Yes (go to 29d-4b) <input type="checkbox"/> No (go to Section E) <input type="checkbox"/> Decline to answer (go to Section E)

29d-4b. Is there documentation that the client is on ART? (A pill bottle or ART refill card is acceptable documentation of ART)	<input type="checkbox"/> Yes (go to Section E) <input type="checkbox"/> No (go to Section E) <input type="checkbox"/> Decline to answer (go to Section E)
29e. When was the HIV- test result obtained? If fewer than 3 months have elapsed since test date, test is within 3 months.	<input type="checkbox"/> Less than 3 months ago (go to Section E) <input type="checkbox"/> More than 3 months ago (go to Section E) <input type="checkbox"/> Test date not recorded (go to Section E)
E. HIV testing and referral instructions	
<p>Use the participant responses in section D and the job aid “HIV and CD4: Who to Test” to determine whether testing is recommended for the participant.</p> <p>HIV testing is recommended for all clients who:</p> <ul style="list-style-type: none"> • Do not have documentation of HIV status (including self-reported HIV+) • Tested HIV- more than three months ago • Are pregnant and are HIV- or HIV unknown • Request an HIV test <p>For clients who request a HIV test or for whom an HIV test is recommended, go to question 30-1.</p> <p>CD4 testing is recommended for all clients who:</p> <ul style="list-style-type: none"> • Are newly diagnosed HIV+ • Are HIV+ and do not have documentation of being on ART <p>For known HIV+ clients who are not on ART, go to question 30-2.</p> <p>For clients who tested HIV- within the last three months and are not pregnant and have not requested a test, go to question 33.</p>	
F. HIV testing and counseling	
Complete this section for ALL CLIENTS, following skip patterns carefully	
30-1. Do you consent to HIV testing and counseling today? If you test positive we will do a CD4 test and give you the result to share with medical providers.	<input type="checkbox"/> Yes (perform testing and record testing details in 30b) <input type="checkbox"/> No (go to question 30a)

<p>30-2. Because you have previously tested HIV+ and have not yet started treatment, we recommend a CD4 test to measure how strong your body is. If you choose to have a CD4 test performed today, we will give you your CD4 test result to take to the clinic. At the clinic, you might be eligible for treatment through the MOH or through the Ya Tsie study. Do you consent to a CD4 test today?</p>	<p><input type="checkbox"/> Yes (go to 31) <input type="checkbox"/> No (go to question 31b)</p>
<p>30a. What is the main reason you did not want HIV testing as part of today's visit? (Tick best answer choice. After participant answers, thank them for their time. Save form and close.)</p>	<p><input type="checkbox"/> I already know I am HIV positive (Go to question 30-2) <input type="checkbox"/> I recently tested (know status is negative) (Go to question 33) <input type="checkbox"/> I don't believe I am at risk of getting HIV (Go to question 33) <input type="checkbox"/> I am afraid to find out the result (Go to question 33) <input type="checkbox"/> I am afraid of what others would think of me (Go to question 33) <input type="checkbox"/> Family/friends did not want me to get an HIV test (Go to question 33) <input type="checkbox"/> I didn't have time due to work (Go to question 33) <input type="checkbox"/> I didn't have time due to family obligations (Go to question 33) <input type="checkbox"/> My sexual partner didn't want me to get an HIV test (Go to question 33) <input type="checkbox"/> I am not sure (Go to question 33) <input type="checkbox"/> Decline to answer (Go to question 33)</p>
<p>30b. Was a KHB test performed?</p>	<p><input type="checkbox"/> Yes (go to 30b-1) <input type="checkbox"/> No (go to 30i)</p>
<p>30b-1. Enter the lot number for the first or only KHB test.</p>	<p>_____ (go to 30b-2)</p>
<p>30b-2. Enter the expiry date for the first or only KHB test. (DD/MM/YYYY)</p>	<p>__/__/____ (go to 30b-3)</p>
<p>30b-3. Enter the result for the first or only KHB test.</p>	<p><input type="checkbox"/> R (go to 30c) <input type="checkbox"/> NR (go to 30c) <input type="checkbox"/> INV (go to 30c)</p>
<p>30c. Was a UNI-GOLD test performed?</p>	<p><input type="checkbox"/> Yes (go to 30c-1) <input type="checkbox"/> No (go to 30i)</p>

30c-1. Enter the lot number for the first or only UNI-GOLD test.	_____ (go to 30c-2)
30c-2. Enter the expiry date for the first or only UNI-GOLD test. (DD/MM/YYYY)	__/__/____ (go to 30c-3)
30c-3. Enter the result for the first or only UNI-GOLD test.	<input type="checkbox"/> R (go to 30d) <input type="checkbox"/> NR (go to 30d) <input type="checkbox"/> INV (go to 30d)
30d. Was a <u>second</u> KHB test performed?	<input type="checkbox"/> Yes (go to 30d-1) <input type="checkbox"/> No (go to 30e)
30d-1. Enter the KHB lot number for the <u>second</u> KHB test	_____ (go to 30d-2)
30d-2. Enter the expiry date for the <u>second</u> KHB test (DD/MM/YYYY)	__/__/____ (go to 30d-3)
30d-3. Enter the <u>second</u> KHB result	<input type="checkbox"/> R (go to 30e) <input type="checkbox"/> NR (go to 30e) <input type="checkbox"/> INV (go to 30e)
30e. What is the total number of KHB test strips used?	_____ (go to 30f)
30f. Was a <u>second</u> UNI-GOLD test performed?	<input type="checkbox"/> Yes (go to 30f-1) <input type="checkbox"/> No (go to 30g)
30f-1. Enter the UNI-GOLD lot number for the <u>second</u> UNI-GOLD test.	_____ (go to 30f-2)
30f-2. Enter the expiry date for the <u>second</u> UNI-GOLD test (DD/MM/YYYY)	__/__/____ (go to 30f-3)
30f-3. Enter the <u>second</u> UNI-GOLD result	<input type="checkbox"/> R (go to 30g) <input type="checkbox"/> NR (go to 30g) <input type="checkbox"/> INV (go to 30g)
30g. What is the total number of UNI-GOLD test strips used?	_____ (go to 30h)
30h. Was the sample sent for re-testing?	<input type="checkbox"/> Yes (go to 30i) <input type="checkbox"/> No (go to 30i)
30i. Today's results:	<input type="checkbox"/> HIV+ (go to 31) <input type="checkbox"/> HIV- (go to 31-e) <input type="checkbox"/> Indeterminate (refer to clinic for follow-up testing; go to 31d) <input type="checkbox"/> Not tested (e.g. insufficient sample; go to 31)

31. For participants who tested positive or are known HIV+ and not on ART, was the sample of sufficient volume and quality to run a CD4 test today?	<input type="checkbox"/> Yes (go to 31a) <input type="checkbox"/> No (go to 31c)
31a. Was CD4 test performed?	<input type="checkbox"/> Yes (go to 31a-1) <input type="checkbox"/> No (go to 31b)
31a-1. Enter the PIMA cartridge lot number.	_____ (go to 31a-2)
31a-2. Enter the PIMA cartridge expiration date.	__/__/____ (go to 31a-3)
31a-3. Was sample sent for EQA?	<input type="checkbox"/> Yes (go to 31a-4) <input type="checkbox"/> No (go to 31a-4)
31a-4. CD4 test result	_____ (go to 31c)
<p><i>If a CD4 test was not performed because the client did not wish to continue with testing, read question 31b. If testing was not performed because of problems with PIMA machine function, then do not read question 31b. Mark appropriate answer choice.</i></p> <p>31b. What is the main reason you did not wish to have a CD4 test performed as part of today's visit?</p>	<input type="checkbox"/> Privacy/disclosure concerns (go to 31c) <input type="checkbox"/> Do not believe it's important (go to 31c) <input type="checkbox"/> Do not have time (go to 31c) <input type="checkbox"/> Other, specify: _____ (go to 31c) <input type="checkbox"/> Don't want to answer (go to 31c) <input type="checkbox"/> Question not applicable: test not performed because PIMA machine malfunctioned (go to 31c)
31c. Name of clinic referred to	_____ (go to 31d)
31d. Appointment date (DD/MM/YYYY)	__/__/____ (go to 31e)
31e. Describe sample collection experience. Check all that apply. Then go to 32	<input type="checkbox"/> Sample volume sufficient (>250 ul) <input type="checkbox"/> Sample did not have visible clots <input type="checkbox"/> Sample volume insufficient (<250 ul) <input type="checkbox"/> Sample clotted <input type="checkbox"/> Extended collection time <input type="checkbox"/> Could not draw blood (e.g. fingers callused, could not break skin with lancet; fingers too cold) <input type="checkbox"/> Other, specify: _____

32. Did testing and counseling occur through couples testing today?	<input type="checkbox"/> Yes (<i>go to 32a</i>) <input type="checkbox"/> No (<i>go to 33</i>)
32a. What is the unique identification number for the other member of the couple?	
33. Does the client currently have any of the following symptoms? (<i>check all that apply then go to 34</i>)	<input type="checkbox"/> cough > 2 weeks <input type="checkbox"/> fever > 2 weeks <input type="checkbox"/> enlarged lymph nodes (<i>swelling in the neck, armpit, or groin</i>) <input type="checkbox"/> coughing up blood <input type="checkbox"/> night sweats, with enough sweating to soak the sheets <input type="checkbox"/> unexplained weight loss <input type="checkbox"/> none of the above symptoms reported
34. Have any of the client's family members been diagnosed with tuberculosis?	<input type="checkbox"/> Yes (<i>go to 35</i>) <input type="checkbox"/> No (<i>go to 35</i>) <input type="checkbox"/> Don't know (<i>go to 35</i>)
35. Client referred <u>FOR</u>: (<i>check all that apply then go to 36</i>)	<input type="checkbox"/> Circumcision <input type="checkbox"/> Cervical screening <input type="checkbox"/> STI Screening <input type="checkbox"/> Family planning <input type="checkbox"/> TB Screening <input type="checkbox"/> Couple testing <input type="checkbox"/> Retesting (participants with indeterminate result) <input type="checkbox"/> PMTCT/ANC <input type="checkbox"/> HIV Care and Treatment <input type="checkbox"/> Supportive Counseling <input type="checkbox"/> Psycho-social support / Social welfare services
36. Client referred <u>TO</u>: (<i>check all that apply then go to Section G</i>)	<input type="checkbox"/> Public/Private Health Facility <input type="checkbox"/> Religious Institution <input type="checkbox"/> PLWH/A Association <input type="checkbox"/> Social Welfare facilities <input type="checkbox"/> Youth Friendly Services

G. Permissions to be contacted for follow-up

For all HIV positive individuals, ask questions 37 and 37a.

For men who are HIV negative or unknown (declined testing) and are full- or part-time community residents ask questions 38 - 38d.

For women who are pregnant and HIV negative, ask questions 39 and 39a.

For persons with an indeterminate test result, ask questions 40 and 40a.

<i>HIV positive individuals with CD4>500</i>	
37. For HIV+ persons with CD4 >500, request permission for viral load test.	<input type="checkbox"/> Participant agreed to viral load test <input type="checkbox"/> Participant declined viral load test
<i>All HIV positive individuals - ask questions 38 and 38a.</i>	
38. My fellow counselors and I are available to help you begin HIV care at the local health clinic. Unless you decline, Ya Tsie counselors may contact you by telephone and make home visits to help you get the care you need. If we call and do not reach you, the caller will only give their contact information and will not provide information about the reason for the call.	<input type="checkbox"/> Participant did not decline further contact (<i>Go to 38a</i>) <input type="checkbox"/> Participant declined further contact (<i>STOP interview. Thank client for his/her time. Give counseling and referrals as appropriate</i>)
38a. If we are unable to reach you, would you be willing to have me or one of my fellow counselors contact a family member or friend who would be able to reach you?	<input type="checkbox"/> Yes (<i>Complete Participant Contact Information Questions 42-44</i>) <input type="checkbox"/> No (<i>Go to question 45</i>)
<i>Men who are HIV negative or unknown status (ask questions 39 -39d).</i>	
39. Male circumcision is the removal of the foreskin of the penis. Here is a diagram showing the difference between a circumcised and an uncircumcised penis. We are offering free safe male circumcision services as part of Ya Tsie, including help with transportation. Would you like to be referred to the circumcision tent, to learn more? If you decide to, you can also receive circumcision there.	<input type="checkbox"/> Yes (<i>Go to 39b</i>) <input type="checkbox"/> No (<i>39a</i>)

<p>39a. Okay. Could you tell me the main reason why at this time you are not interested in going to learn more?</p> <p><i>(Tick one answer. Then, unless the answer is “already circumcised”, read the following text.)</i></p> <p><i>“Thank you for sharing your concerns with me. Understanding that you do not want to discuss circumcision now, if you think you may want to later, we also have counselors who can speak with you privately.”</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Already circumcised <i>(STOP interview. Thank client for his time)</i> <input type="checkbox"/> Afraid of pain <i>(skip to 39c)</i> <input type="checkbox"/> Do not believe it would benefit me <i>(skip to 39c)</i> <input type="checkbox"/> Not the custom in my community <i>(skip to 39c)</i> <input type="checkbox"/> Believe I am too old <i>(skip to 39c)</i> <input type="checkbox"/> Not ready to make a decision about circumcision <i>(skip to 39c)</i> <input type="checkbox"/> Plan to go for circumcision, but at a later time <i>(skip to 39c)</i> <input type="checkbox"/> No specific plan for circumcision, but too busy to go at this time <i>(skip to 39c)</i> <input type="checkbox"/> Other (specify: _____) <i>(skip to 39c)</i>
<p>39b. <i>MC tent appointment date</i> We can refer you there right now. Would that work for you?</p> <p><i>(If so, enter today’s date. If not, help the client choose a date on the schedule of days when MC is available in this community, and enter that date. If it is today, call your MC CLO to help arrange transportation to MC tent.)</i></p>	<p>__/__/____</p> <p><i>If man is a full-time or part-time community resident, go to 39c.</i></p> <p><i>If man is not a full-time or part-time community resident, (STOP interview. Thank client for his time. Give counseling and referrals as appropriate)</i></p>
<p>39c. Unless you decline, the Ya Tsie male circumcision experts may contact you by phone or home visits to provide information about</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Participant did not decline further contact <i>(Go to 39d.)</i> <input type="checkbox"/> Participant declined further contact <i>(STOP interview. Thank client for his time. Give counseling and referrals as appropriate)</i>

<p>circumcision and answer any questions. If we call and miss you, the caller will not leave any detailed message, only their contact information. If someone asks, the caller will say we are doing mobilization for men's health.</p>	
<p>39d. If we are unable to reach you, would you be willing to have an SMC expert contact a family member or friend who would be able to reach you? The caller will not leave any detailed message but only his contact information.</p>	<p><input type="checkbox"/> Yes (<i>Complete Participant Contact Information Questions 42-44</i>) <input type="checkbox"/> No (<i>STOP interview. Thank client for his time.</i>)</p> <p><i>Give counseling and referrals as appropriate</i></p>
<p><i>For any HIV-negative or unknown man, unless he had stated he is circumcised, offer him the referral card with dates the MC tent is open in this community, and the phone number to call for more information.</i></p> <p><i>If client is a full-time or part-time community resident, inform him that there are counselors who can provide more information and answer any questions he may have about MC. Determine if the client would like to speak with the MC CLO now. If he says yes, call the MC CLO and let him know there is a man interested in learning more about MC.</i></p> <p><i>For all clients who have set an appointment date for the MC tent with you (regardless of residency), fill out the appointment date on the card.</i></p> <p><i>If his appointment for the MC tent is today: If you are in the HTC tent, escort the client to the MC tent intake in person if possible. If you are in the client's home, call the MC CLO and ask him to come arrange transportation.</i></p>	
<p><i>Pregnant women who are HIV negative (ask questions 40 and 40a).</i></p>	

<p>40. It is recommended that pregnant women receive antenatal care for their health and their baby's health. This care includes an HIV test during the third trimester of pregnancy. Unless you decline, Ya Tsie counselors may contact you by phone to help you get the care you need. If we call and do not reach you, the caller will only give their contact information and will not provide information about the reason for the call.</p>	<p><input type="checkbox"/> Participant did not decline (<i>STOP interview. Thank client for her time. Give counseling and referrals as appropriate</i>)</p> <p><input type="checkbox"/> Participant declined (<i>STOP interview. Thank client for her time. Give counseling and referrals as appropriate</i>)</p>
<p><i>For persons who have an indeterminate test result, ask questions 41 and 41a.</i></p>	
<p>41. Today your HIV test result was indeterminate. This means that it is not possible to determine from today's test whether you are infected with HIV. It is important that you return to the clinic in two weeks for another test. Unless you decline, Ya Tsie counselors may contact you by phone calls and home visits to remind you to return to the clinic for another test. If we call and do not reach you, the caller will only give their contact information and will not provide information about the reason for the call.</p>	<p><input type="checkbox"/> Participant did not decline (<i>Go to 41a.</i>)</p> <p><input type="checkbox"/> Participant declined (<i>STOP interview. Thank client for her time. Give counseling and referrals as appropriate</i>)</p>
<p>41a. If your follow-up test shows that you are HIV infected, Ya Tsie counselors are available to help you begin HIV care at the local health clinic. Do you give permission for Ya Tsie counselors to contact you by phone calls and home visits to help you get the care you need?</p>	<p><input type="checkbox"/> Yes (<i>Complete Participant Contact Information Questions 42-44</i>)</p> <p><input type="checkbox"/> No (<i>Go to question 45.</i>)</p>
<p>H. Family/Friend contact information</p>	

42. Contact information of family/friend who will know where you are if we can't reach you (must be 18 years of age or older)?	1. Name: _____ 2. Telephone Number 1: _____ 3. Telephone Number 2: _____ 4. Address: _____
43. Contact information of alternate family/friend who will know where you are if we can't reach you (must be 18 years of age or older)?	1. Name: _____ 2. Telephone Number 1: _____ 3. Telephone Number 2: _____ 4. Address: _____
44. Preferred method of communication with family/friend	<input type="checkbox"/> phone call <input type="checkbox"/> household visit
I. LTCC Supportive Counseling	
<i>For all HIV positive individuals except those currently in care at the local IDCC, on ART, and current with their appointment ask questions 44 and 45.</i>	
45. Would the client would like to speak with the LTCC now?	<input type="checkbox"/> Yes (Go to question 44) <input type="checkbox"/> No (STOP interview <i>Thank client for his/her time. Give counseling and referrals as appropriate</i>)
46. LTCC code	