(page1-front side)

**2.Ashodaya PrEP Monitoring Card-\_\_\_\_\_\_\_2016**

Name of the Participant: Unique ID #:\_\_\_\_\_\_\_

Name of the follow-up person (CM):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Wk1 |  |  |  |  |  |  |  |
| Wk 2 |  |  |  |  |  |  |  |
| Wk3 |  |  |  |  |  |  |  |
| Wk4 |  |  |  |  |  |  |  |
| Wk5 |  |  |  |  |  |  |  |

√ : Medicine taken × : Medicine not taken ?: Not met

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(page2-back side)

Remarks wk1…………………………………………………………………….. Sign of supervisor\_\_\_\_\_\_\_\_

Remarks wk 2…………………………………………………………………….. Sign of supervisor\_\_\_\_\_\_\_\_

Remarks wk 3…………………………………………………………………….. Sign of supervisor\_\_\_\_\_\_\_\_

Remarks wk 4…………………………………………………………………….. Sign of supervisor\_\_\_\_\_\_\_\_

Remarks wk 5…………………………………………………………………….. Sign of supervisor\_\_\_\_\_\_\_\_