**Data entry (Sign) \_\_\_\_\_\_\_\_**

**Ashodaya Samithi**

**PrEP demonstration project**

**4.Cover page**

**Participant’s Details:**

|  |  |
| --- | --- |
| Name of the participant: |  |
| Age in completed years: |  |
| PrEP unique ID: |  |
| Address for communication: |  |
| Contact number |  |
| Name of the community mobilizer(CM): |  |
| Contact number of CM: |  |
| Date of Screening: |  |

**Followup Date(To be filled by Doctor):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Visit | Enrollment  (0) | End of month 1  (1) | End of month 3 (2) | End of month 6 (3) | End of month 9 (4) | End of month 12 (5) | End of month 15 (Exit) (6) |
| Date |  |  |  |  |  |  |  |