**Pre-Exposure Prophylaxis (PrEP) Facility Record**

**PrEP file no:**

|  |
| --- |
| **A. Facility information** |
| Facility Name | District | District clinician/team  |
| Date of initial client visit *(dd/mm/yy)* \_\_\_\_ /\_\_\_\_ /\_\_\_\_  | Person Completing Form  |

|  |
| --- |
| **B. Client Demographics**  |
| First Name | Middle Name  | Surname |
| Address  | Telephone |
| Date of Birth *(dd/mm/yy)* \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_ | Unique ID number |
| Date of last HIV test: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ *(dd/mm/yy)* Last eGFR Result :\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_ /\_\_\_*(dd/mm/yy)* | Marital status □ Single □ Married □ Divorced  □ Widowed □ Separated □ Refused  |

|  |
| --- |
| **C. Sexual and Drug Injection Core Risk Classification** |
| **1. Do you consider yourself: male, female, transgender, or other?**  □ Male□ Female □ Ttransgender, male to female (MTF)□ Transgender, female to male (FTM)□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]□ Refuses to answer  | **2. What was your sex at birth?**  □ Male □ Female □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Refuses to answer  |
| **3. Do you have sex with:**  | □ Men only □ Women only □ Both men and women □ Refuses to answer  |
| **4. Have you exchanged sex as your** □ Yes □ No **main source of income\* in the** □ Refuses to answer **last six months?** *\*If respondent receives less than half (50%) of their income in exchange for sex, mark NO.* |
| **5. In the last six months, have you injected illicit or illegal drugs?** | □ Yes □ No□ Refuses to answer  |

|  |  |
| --- | --- |
| D. Key Population Classification (*an individual can* *belong to more than one category*) |  |
| If client answers “Male” to question 1 and answers “Men only” or “Both men and women” to question 3, then categorize as MSM | □ |
| If client answers “Transgender MTF” or “FTM” to question 1, then categorize as transgender (cross-check with question 2) | □ |
| If client answers “Yes” to question 4, then categorize as sex worker  | □ |
| If client answers “Yes” to question 5, then categorize as person who injects drugs | □ |
| Final Classification: (*mark ALL that apply\**) □ Man who has sex with men (MSM) □ Transgender (TG) □ Sex worker (SW) □ Person who injects drugs (PWID) \*Some clients may belong to more than one category due to overlapping risk behavior |  |

|  |  |
| --- | --- |
| **E. Pregnancy and breastfeeding status**  | **F. Baseline Laboratory Tests:**  |
| **Client currently pregnant?** □ Yes □No **Client currently breastfeeding?** □ Yes □No  | Creatinine ( eGFR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

|  |
| --- |
| **G. Hepatitis B Testing, Vaccination, and Treatment**  |
| **Date of HBsAg test:** \_\_\_/\_\_\_/\_\_\_\_ *(dd/mm/yy)* | **Test result:** □ Negative □ Positive □ Not Done  |
| **If positive, is patient on treatment?** □ Yes □ No □ Unknown  | **If negative, dates HBV vaccination provided:** *(dd/mm/yy)* 1) \_\_\_\_ /\_\_\_\_ /\_\_\_\_ 2) \_\_\_\_ /\_\_\_\_ /\_\_\_\_ 3) \_\_\_\_ /\_\_\_\_ /\_\_\_\_  |

|  |
| --- |
| **H. Sexually Transmitted Infections (STI)**  |
| **VDRL/Syphilis test date:** \_\_\_/\_\_\_/\_\_\_\_ *(dd/mm/yy)* **Result:** □ Negative □ Positive □ Not done □Other \_\_\_\_\_\_\_\_\_\_\_\_\_**Syndromic STI screen date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_** *(dd/mm/yy)***Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****STI syndromes** *(select all that apply)*:U=Urethral discharge / G=Genital ulcers / V=Vaginal discharge / L=Lower abdominal pain / S=Scrotal swelling / I=Inguinal bubo / O=Other-specify**STI ecological diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If STI diagnosis, date started treatment:** \_\_\_/\_\_\_/\_\_\_ *(dd/mm/yy)* |

|  |
| --- |
| **I. Initiation of PrEP Treatment** |
| **PrEP start date**  | \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yy) |
| **PrEP (ARVs) prescribed**  | □ TDF/FTC □ TDF/3TC □ TDF □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PrEP discontinued**  | **Date discontinued:**  \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yy) |
| **Reasons for stopping PrEP:** □ Tested HIV+ □ No longer at substantial risk □ Side effects □ Client preference □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **HIV status at the time of discontinuation:** □ Negative □ Positive □ Unknown  |

**PrEP Follow-up Visits**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Follow-up date** *(dd/mm/yy)* | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |
| **Repeat HIV test** *Test result:* *Tests Used:* | □ Negative □ Positive  1st :\_\_\_\_\_\_\_\_\_\_Confirmatory: \_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_ | □ Negative □ Positive  1st :\_\_\_\_\_\_\_\_\_\_Confirmatory: \_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_ | □ Negative □ Positive  1st :\_\_\_\_\_\_\_\_\_\_Confirmatory: \_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_ | □ Negative □ Positive  1st :\_\_\_\_\_\_\_\_\_\_Confirmatory: \_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_ | □ Negative □ Positive  1st :\_\_\_\_\_\_\_\_\_\_Confirmatory: \_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_ | □ Negative □ Positive  1st :\_\_\_\_\_\_\_\_\_\_Confirmatory: \_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_ | □ Negative □ Positive  1st :\_\_\_\_\_\_\_\_\_\_Confirmatory: \_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_ |
|   |
| **Asked about signs and symptoms of acute HIV infection?** | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No |
| **Side-effects** (see codes) |  |  |  |  |  |  |  |
| **eGFR estimate** |  |  |  |  |  |  |  |
| **New STI diagnosed?** | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No | □ Yes□ No |
| **Adherence: Number of missed tablets in past 7 days** | □ 2+ tablets□ <2 tablets□ Unknown | □ 2+ tablets□ <2 tablets□ Unknown | □ 2+ tablets□ <2 tablets□ Unknown | □ 2+ tablets□ <2 tablets□ Unknown | □ 2+ tablets□ <2 tablets□ Unknown | □ 2+ tablets□ <2 tablets□ Unknown | □ 2+ tablets□ <2 tablets□ Unknown |
| **Adherence counseling provided?** (tick box if yes) | □ | □ | □ | □ | □ | □ | □ |
| **Risk reduction counseling provided?** | □ | □ | □ | □ | □ | □ | □ |
| **Condoms provided?** | □ | □ | □ | □ | □ | □ | □ |
| **Currently pregnant or breastfeeding?** | □ | □ | □ | □ | □ | □ | □ |
| **Repeat PrEP prescription**  *ARVs prescribed:*  *Number of tablets:*  | □ TDF/FTC □ TDF/3TC□ TDF# of tablets: \_\_ | □ TDF/FTC □ TDF/3TC□ TDF# of tablets: \_\_ | □ TDF/FTC □ TDF/3TC□ TDF# of tablets: \_\_ | □ TDF/FTC □ TDF/3TC□ TDF# of tablets: \_\_ | □ TDF/FTC □ TDF/3TC□ TDF# of tablets: \_\_ | □ TDF/FTC □ TDF/3TC□ TDF# of tablets: \_\_ | □ TDF/FTC □ TDF/3TC□ TDF# of tablets: \_\_ |
| **Next scheduled visit date:** *(dd/mm/yy)* | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ | \_\_\_/\_\_\_/\_\_\_ |
| **Notes:** |  |  |  |  |  |  |  |

**Side effects**: **A**= Abdominal pain; **S**=Skin rash; **Nau**=Nausea; **V**=Vomiting; **D**=Diarrhea; **F**=Fatigue; **H**=Headache; **L** = Enlarged lymph nodes; **R**= Fever ; **O**= Other (specify)