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

**PrEP file no:**

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

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| **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 | |

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| **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 | |

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| 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 |  |

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

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| **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) \_\_\_\_ /\_\_\_\_ /\_\_\_\_ |

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| **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)* |

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| **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**

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| **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)