

Pre-Exposure Prophylaxis (PrEP) Screening Log

DATE	CLIENT ID NUMBER	GIVEN NAME	SURNAME	GENDER (M/F/TG/O/ No Response)	AGE (years)	KEY POPULATION? <i>If yes, see codes*</i>	HIV TEST		COMPLETED THE PrEP SCREENING FOR SUBSTANTIAL RISK AND ELIGIBILITY FORM	ELIGIBLE FOR PrEP?	SERVICES <i>(tick one)</i>	PrEP ACCEPTED OR DECLINED? <i>(only if PrEP was offered)</i>	REASON FOR DECLINING PrEP <i>(see codes**)</i>	PrEP CLIENT NUMBER <i>(if accepted)</i>
							DATE TESTED	RESULT <i>(Neg/Pos/Inc)</i>						
						Yes/No (circle one)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PrEP Offered <input type="checkbox"/> Referred for PEP <input type="checkbox"/> Referred for PCR/HIV Ag or HIV re-testing	<input type="checkbox"/> PrEP Accepted <input type="checkbox"/> PrEP Declined		
						Yes/No (circle one)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PrEP Offered <input type="checkbox"/> Referred for PEP <input type="checkbox"/> Referred for PCR/HIV Ag or HIV re-testing	<input type="checkbox"/> PrEP Accepted <input type="checkbox"/> PrEP Declined		
						Yes/No (circle one)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PrEP Offered <input type="checkbox"/> Referred for PEP <input type="checkbox"/> Referred for PCR/HIV Ag or HIV re-testing	<input type="checkbox"/> PrEP Accepted <input type="checkbox"/> PrEP Declined		
						Yes/No (circle one)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PrEP Offered <input type="checkbox"/> Referred for PEP <input type="checkbox"/> Referred for PCR/HIV Ag or HIV re-testing	<input type="checkbox"/> PrEP Accepted <input type="checkbox"/> PrEP Declined		
						Yes/No (circle one)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PrEP Offered <input type="checkbox"/> Referred for PEP <input type="checkbox"/> Referred for PCR/HIV Ag or HIV re-testing	<input type="checkbox"/> PrEP Accepted <input type="checkbox"/> PrEP Declined		
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						Yes/No (circle one)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PrEP Offered <input type="checkbox"/> Referred for PEP <input type="checkbox"/> Referred for PCR/HIV Ag or HIV re-testing	<input type="checkbox"/> PrEP Accepted <input type="checkbox"/> PrEP Declined		
						Yes/No (circle one)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PrEP Offered <input type="checkbox"/> Referred for PEP <input type="checkbox"/> Referred for PCR/HIV Ag or HIV re-testing	<input type="checkbox"/> PrEP Accepted <input type="checkbox"/> PrEP Declined		

*KEY POPULATION CODES: MSM=Man who has sex with men. TG=Transgender. SW=Sex worker. PWID=Person who injects drugs. PP=Person in prison. O=Other (specify).

**REASONS FOR DECLINING PrEP: 1—No need for PrEP. 2—Does not wish to take a daily medication. 3—Concerns about side effects. 4—Concerns about what others might think. 5—Concerns about time required for clinic follow-up. 6—Concerns about safety of medication. 7—Concerns about effectiveness of medication. 8—Other (specify).