

STANDARD OPERATING PROCEDURES

Pre-Exposure Prophylaxis (PrEP) Screening Log

Purpose: Track all clients screened for PrEP (eligible and not eligible)

For whom: All clients screened for PrEP (eligible and not eligible)

When to use: After completing the PrEP Screening for Substantial Risk and Eligibility form

Responsible staff: The designated provider of PrEP service delivery (provider-in-charge, and/or data or Monitoring and Evaluation team member)

Source document: PrEP Screening for Substantial Risk and Eligibility form

DESCRIPTION OF VARIABLES

Use data from the *PrEP Screening for Substantial Risk and Eligibility form* to complete this log.

- **Date:** Date that the PrEP Screening for Substantial Risk and Eligibility form is completed, day (dd), month (mm), and year (yyyy); e.g. 30/04/2018
- **Client ID Number:** Number assigned to the client at clinic registration
- **Given Name:** Client's given (first) name
- **Surname:** Client's surname or family name
- **Gender:** Client's current gender as self-identified by the client, from the PrEP Screening for Substantial Risk and Eligibility form: M = Male; F = Female; TG = Transgender; O = Other (specify); or No Response
- **Age (years):** Client's age at most recent birthday, in years, e.g. 25
- **Key Population?** (*If yes, see codes*): Circle Yes or No. If yes, write the appropriate code in the space provided: MSM = Man who has sex with men; TG = Transgender; SW = Sex worker; PWID = Person who injects drugs; PP = Person in prison; O = Other (specify in the space provided). The key population classification will come from the PrEP Facility Record (if the client is eligible and accepts PrEP) or the facility's key population classification tool (if applicable).
- **Date Tested for HIV:** Date of the client's HIV test from the PrEP Screening for Substantial Risk and Eligibility form, day (dd), month (mm), and year (yyyy); e.g. 30/04/2018
- **HIV Test Result** (*Neg/Pos/Inc*): Client's HIV test result from the PrEP Screening for Substantial Risk and Eligibility form; Neg = Negative; Pos = Positive; Inc = Inconclusive

- **Completed the PrEP Screening for Substantial Risk and Eligibility form:** Tick Yes if all fields are complete in the client's form. Tick No if any of the fields in the client's form have not been completed.
- **Eligible for PrEP?** Consult section 5 of the PrEP Screening for Substantial Risk and Eligibility form to determine. Tick Yes if the client meets all criteria in section 5. Tick No if the client does not meet one or more of the criteria in section 5.
- **Services** (*tick one*): Tick the service offered to the client, from section 7 of the PrEP Screening for Substantial Risk and Eligibility form.
- **PrEP Accepted or Declined?** (*only if PrEP was offered*): For clients who were offered PrEP, tick PrEP Accepted or PrEP Declined, from section 7 of the PrEP Screening for Substantial Risk and Eligibility form.
- **Reason for Declining PrEP** (*see codes*): For clients who declined PrEP, take codes from the PrEP Screening for Substantial Risk and Eligibility form (codes are also at the bottom of the PrEP Screening Log). (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 in the space provided.)
- **PrEP Client Number** (*if accepted*): Unique number assigned to the client when he or she accepts PrEP. If no PrEP-specific number is assigned, leave this space blank.