| Pediatric Active Case Finding (PedAC Study) Follow-up Data Abstraction Form | Participant number: |
|---|---------------------|
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| Testing and Treatment Facilities/Communities | | |
|--|--|--|
| Health Facility Name where HIV testing was performed | | |
| Health Facility ID | | |
| Community Catchment Area (if applicable) | | |
| Community Testing Provider | | |
| (if applicable) | | |
| Health Facility Name where ART services | | |
| are being provided | | |
| Health Facility ID (ID to be assigned later if | | |
| non-study facility) | | |

Select only one response unless otherwise indicated.

| Child Follow-up Visits | | |
|------------------------|--|---|
| Question | | Response Code |
| 1. | Is the child receiving care at the facility where the child was referred to following diagnosis? | (0) No –child receiving care at different facility (1) Yes (77) N/A –child not receiving care (skip to Defaulter Tracing Section) |
| 2. | Date of initial HIV antibody positive test: | / (dd/mm/yy) [(77) N/A for children <18 months (Uganda) or <12 months (Kenya) |
| 3. | Date positive DNA-PCR sample was collected: | / / (dd/mm/yy) (77) N/A (99) Date unknown |
| 4. | Date of positive DNA-PCR result receipt by mother/caregiver: | / / (dd/mm/yy) |
| 5. | Date of confirmatory HIV test: | / |
| 6. | Result of confirmatory HIV test: | (1) HIV-positive (2) HIV-negative (3) Indeterminate (4) Result never received |
| 7. | What illnesses/OIs did the child present with at time of HIV enrollment in care? (select all that apply) | (1) None (2) Zoster (3) TB (4) Cryptococcal meningitis (5) Failure to thrive (6) Thrush |

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| | ☐ (7) Fever ☐ (8) Weight loss ☐ (9) Pneumonia ☐ (10) Chronic upper respiratory tract infections (cough) ☐ (11) Malnutrition ☐ (12) Persistent diarrhea ☐ (99) Unknown |
| What was the child's WHO stage at time of enrollment in care? | ☐ (1) WHO Stage I☐ (2) WHO Stage II☐ (3) WHO Stage II☐ (4) WHO Stage IV☐ (99) Unknown |
| 9. Date of ART initiation | / / (dd/mm/yy) (77) N/A (not started on ART) (99) Unknown |
| 10. ART regimen | ☐ (1) ABC/3TC/ LPV/r ☐ (2) ABC/3TC/EFV ☐ (3) ABC/3TC/NVP ☐ (4) ABC/3TC/AZT ☐ (5) AZT/3TC/ABC ☐ (6) TDF/3TC/EFV ☐ (7) TDF/3TC/DTG ☐ (77) N/A ☐ (88) Other, specify: |
| 11. CD4 Count (if available) | ☐ (1) cells/mm3 ☐ (77) N/A |
| 12. VL if available (likely children under 18 months only) | ☐ (1) copies/ml |

| Pediatric Active Case Finding (PedAC Study) | |
|---|---------------------|
| Follow-up Data Abstraction Form | Participant number: |

| Date of visit (dd/mm/yy) | Services provided at this visit | Adherence assessment |
|--------------------------|--|--|
| 13 // ☐ (77) N/A | ☐ (1) ART pick-up ☐ (2) Pre-ART counseling ☐ (3) ART adherence counseling ☐ (4) OI Treatment ☐ (5) Nutrition assessment, counseling and support ☐ (6) TB screening/IPT ☐ (7) Non-HIV related medical visit/treatment | ☐(1) Good ☐(2) Fair ☐(3) Poor ☐(4) Not done |
| 14 / / [] (77) N/A | (1) ART pick-up (2) Pre-ART counseling (3) ART adherence counseling (4) OI Treatment (5) Nutrition assessment, counseling and support (6) TB screening/IPT (7) Non-HIV related medical visit/treatment | ☐(1) Good ☐(2) Fair ☐(3) Poor ☐(4) Not done |
| 15 // | ☐ (1) ART pick-up ☐ (2) Pre-ART counseling ☐ (3) ART adherence counseling ☐ (4) OI Treatment ☐ (5) Nutrition assessment, counseling and support ☐ (6) TB screening/IPT ☐ (7) Non-HIV related medical visit/treatment | ☐(1) Good ☐(2) Fair ☐(3) Poor ☐(4) Not done |
| 16// ☐ (77) N/A | (1) ART pick-up (2) Pre-ART counseling (3) ART adherence counseling (4) OI Treatment (5) Nutrition assessment, counseling and support (6) TB screening/IPT (7) Non-HIV related medical visit/treatment | ☐(1) Good ☐(2) Fair ☐(3) Poor ☐(4) Not done |
| 17 // | ☐ (1) ART pick-up ☐ (2) Pre-ART counseling ☐ (3) ART adherence counseling ☐ (4) OI Treatment ☐ (5) Nutrition assessment, counseling and support ☐ (6) TB screening/IPT ☐ (7) Non-HIV related medical visit/treatment | ☐(1) Good ☐(2) Fair ☐(3) Poor ☐(4) Not done |
| 18 // | (1) ART pick-up (2) Pre-ART counseling (3) ART adherence counseling (4) OI Treatment (5) Nutrition assessment, counseling and support (6) TB screening/IPT (7) Non-HIV related medical visit/treatment | ☐(1) Good ☐(2) Fair ☐(3) Poor ☐(4) Not done |

Pediatric Active Case Finding (PedAC Study)
Follow-up Data Abstraction Form Participant nu

| Participant number: | : | _ |
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| Facility/Community Defaulter Tracing | | | | |
|--------------------------------------|--|--|-------------------------|---|
| Date of scheduled visit | Actions Taken | Date follow up attempts started (dd/mm/yy) | Able to contact client? | Tracing outcome |
| 19 / / / | (1) Phone call to client (2) Phone call to treatment supporter (3) Home visits (4) Other, specify: | // | ☐(1) Yes ☐(2) No | ☐(1) Rescheduled appointment ☐(2) Declined to attend ☐(3) Self-transfer to another HF ☐ (4) Change of residence ☐ (5) Too sick to attend health facility ☐ (6) Child deceased ☐(88) Other, specify: |
| 20// | (1) Phone call to client (2) Phone call to treatment supporter (3) Home visits (4) Other, specify: | | ☐(1) Yes ☐(2) No | ☐(1) Rescheduled appointment ☐(2) Declined to attend ☐(3) Self-transfer to another HF ☐ (4) Change of residence ☐ (5) Too sick to attend health facility ☐ (6) Child deceased ☐(88) Other, specify: |
| 21 / / [] (77) N/A | ☐(1) Phone call to client ☐(2) Phone call to treatment supporter ☐(3) Home visits ☐(4) Other, specify: | // | ☐(1) Yes ☐(2) No | ☐(1) Rescheduled appointment ☐(2) Declined to attend ☐(3) Self-transfer to another HF ☐ (4) Change of residence ☐ (5) Too sick to attend health facility ☐ (6) Child deceased ☐(88) Other, specify: |
| 22//// | ☐(1) Phone call to client ☐(2) Phone call to treatment supporter ☐(3) Home visits ☐(4) Other, specify: | // | ☐(1) Yes ☐(2) No | ☐(1) Rescheduled appointment ☐(2) Declined to attend ☐(3) Self-transfer to another HF ☐ (4) Change of residence ☐ (5) Too sick to attend health facility ☐ (6) Child deceased ☐(88) Other, specify: |

| oant number: |
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| Study-specific Tracing (If child did not return within 6-8 weeks) | | |
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| Question | Response | |
| 23. Since your child tested positive for HIV in [facility or community name], has your child been seen in any HIV care clinic? | (0) No – skip to Q28 (1) Yes, facility name? | |
| 24. Was your child retested for HIV at this other facility? | ☐ (0) No, why not? | |
| 25. What was the HIV test result? | (1) HIV-positive (2) HIV-negative (3) Indeterminate (4) Result never received | |
| 26. What was the date your child was started on ART treatment? | / / (dd/mm/yy) (77) N/A - not started on ART, why not? (99) Unknown | |
| 27. What ART regimen is the child taking? – then skip to Q31 | ☐ (1) ABC/3TC/ LPV/r ☐ (2) ABC/3TC/EFV ☐ (3) ABC/3TC/NVP ☐ (4) ABC/3TC/AZT ☐ (5) AZT/3TC/ABC ☐ (6) TDF/3TC/EFV ☐ (7) TDF/3TC/DTG ☐ (77) N/A ☐ (88) Other, specify: | |
| 28. Why did you decide not to return to the clinic for your child's care? (select all that apply) | ☐ (1) Financial reasons ☐ (2) Child does not have time (e.g., attending school) ☐ (3) Caregiver does not have time (e.g., work) ☐ (4) Child was enrolled in care at a different facility ☐ (5) Change of residence ☐ (6) Too sick to attend health facility ☐ (7) Child deceased ☐ (8) Mother/caregiver or other contact could not be reached ☐ (9) Child was well /didn't need treatment ☐ (10) Lack/fear of disclosure ☐ (88) Other, specify: | |
| 29. Provide further details on each of the responses selected. | | |

| 30. What would you need (or what would need to happen) for you to return to the health facility to have your child initiated on treatment? (select all that apply) | ☐ (1) More income for food, transport, etc ☐ (2) Time to take off work ☐ (3) More assistance at home for household chores, caring for children, etc ☐ (4) Psychosocial support for caregiver ☐ (5) Psychosocial support for child ☐ (6) Assistance picking up drugs or taking child for services ☐ (7) Other, specify: |
|--|---|
| 31. Since the diagnosis of your child, have you been contacted by a community health worker or someone from the health facility? | ☐ (0) No − END HERE ☐ (1) Yes, someone from the facility called me ☐ (2) Yes, someone from the facility visited me where I stay ☐ (3) Yes, someone from the facility called and visited me where I stay ☐ (4) Yes, a community health worker visited me where I stay |
| 32. If yes, how many times were you contacted? (indicate the number of times contacted for each mode on the lines provided, indicate 00 if no contact) | ☐ (1) By phone? ☐ (2) By visit? |
| 33. During the call or visit, what did you discuss with the health/community health worker? (select all that apply) | ☐ (1) Reasons why I have not attended the facility ☐ (2) How to address challenges faced with getting to clinic or getting care for the child ☐ (3) Consequences if child is not in care or on treatment ☐ (4) Child's health status ☐ (5) Health status of others in the household ☐ (6) A date to return to the facility ☐ (88) Other, specify: |
| 34, Do you plan to take your child to the clinic to receive HIV care? | ☐ (0) No☐ (1) Maybe☐ (2) Yes, soon☐ (3) Yes, when he/she gets sick☐ |
| Please provide any comments or explanation here: | <u> </u> |
| | |
| Completed by: Name: | Name ID: |
| Date Completed: | |

Participant number: ___ _

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