

Testing and Treatment Facilities/Communities

Health Facility Name where HIV testing was performed	
Health Facility ID	
Community Catchment Area <i>(if applicable)</i>	
Community Testing Provider <i>(if applicable)</i>	
Health Facility Name where ART services are being provided	
Health Facility ID <i>(ID to be assigned later if non-study facility)</i>	

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?	<input type="checkbox"/> (0) No –child receiving care at different facility <input type="checkbox"/> (1) Yes <input type="checkbox"/> (77) N/A –child not receiving care <i>(skip to Defaulter Tracing Section)</i>
2. Date of initial HIV antibody positive test:	____ / ____ / ____ (dd/mm/yy) <input type="checkbox"/> (77) N/A for children <18 months (Uganda) or <12 months (Kenya)
3. Date positive DNA-PCR sample was collected:	____ / ____ / ____ (dd/mm/yy) <input type="checkbox"/> (77) N/A <input type="checkbox"/> (99) Date unknown
4. Date of positive DNA-PCR result receipt by mother/caregiver:	____ / ____ / ____ (dd/mm/yy) <input type="checkbox"/> (77) N/A
5. Date of confirmatory HIV test:	____ / ____ / ____ (dd/mm/yy) <input type="checkbox"/> (1) Confirmatory test not done <input type="checkbox"/> (99) Date unknown
6. Result of confirmatory HIV test:	<input type="checkbox"/> (1) HIV-positive <input type="checkbox"/> (2) HIV-negative <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (4) Result never received
7. What illnesses/OIs did the child present with at time of HIV enrollment in care? <i>(select all that apply)</i>	<input type="checkbox"/> (1) None <input type="checkbox"/> (2) Zoster <input type="checkbox"/> (3) TB <input type="checkbox"/> (4) Cryptococcal meningitis <input type="checkbox"/> (5) Failure to thrive <input type="checkbox"/> (6) Thrush

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

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

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. ____ / ____ / ____ <input type="checkbox"/> (77) N/A	<input type="checkbox"/> (1) Phone call to client <input type="checkbox"/> (2) Phone call to treatment supporter <input type="checkbox"/> (3) Home visits <input type="checkbox"/> (4) Other, specify: _____	____ / ____ / ____	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<input type="checkbox"/> (1) Rescheduled appointment <input type="checkbox"/> (2) Declined to attend <input type="checkbox"/> (3) Self-transfer to another HF <input type="checkbox"/> (4) Change of residence <input type="checkbox"/> (5) Too sick to attend health facility <input type="checkbox"/> (6) Child deceased <input type="checkbox"/> (88) Other, specify: _____
20. ^{True,} ____ / ____ / ____ <input type="checkbox"/> (77) N/A	<input type="checkbox"/> (1) Phone call to client <input type="checkbox"/> (2) Phone call to treatment supporter <input type="checkbox"/> (3) Home visits <input type="checkbox"/> (4) Other, specify: _____	____ / ____ / ____	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<input type="checkbox"/> (1) Rescheduled appointment <input type="checkbox"/> (2) Declined to attend <input type="checkbox"/> (3) Self-transfer to another HF <input type="checkbox"/> (4) Change of residence <input type="checkbox"/> (5) Too sick to attend health facility <input type="checkbox"/> (6) Child deceased <input type="checkbox"/> (88) Other, specify: _____
21. ____ / ____ / ____ <input type="checkbox"/> (77) N/A	<input type="checkbox"/> (1) Phone call to client <input type="checkbox"/> (2) Phone call to treatment supporter <input type="checkbox"/> (3) Home visits <input type="checkbox"/> (4) Other, specify: _____	____ / ____ / ____	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<input type="checkbox"/> (1) Rescheduled appointment <input type="checkbox"/> (2) Declined to attend <input type="checkbox"/> (3) Self-transfer to another HF <input type="checkbox"/> (4) Change of residence <input type="checkbox"/> (5) Too sick to attend health facility <input type="checkbox"/> (6) Child deceased <input type="checkbox"/> (88) Other, specify: _____
22. ____ / ____ / ____ <input type="checkbox"/> (77) N/A	<input type="checkbox"/> (1) Phone call to client <input type="checkbox"/> (2) Phone call to treatment supporter <input type="checkbox"/> (3) Home visits <input type="checkbox"/> (4) Other, specify: _____	____ / ____ / ____	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<input type="checkbox"/> (1) Rescheduled appointment <input type="checkbox"/> (2) Declined to attend <input type="checkbox"/> (3) Self-transfer to another HF <input type="checkbox"/> (4) Change of residence <input type="checkbox"/> (5) Too sick to attend health facility <input type="checkbox"/> (6) Child deceased <input type="checkbox"/> (88) Other, specify: _____

Study-specific Tracing (If child did not return within 6-8 weeks)

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

