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INSTRUCTIONS Filling out

Correcting Mistakes

Settings Modality

ScanForm HTS 001 P1 1.6

Data Matrix ID here

Photo taken

Date of Visit

Client's First Name

Middle Name

Surname

State

Facility Name

LGA

Referred From

Age Sex First Time Visit Employment Status

Marital Status Education Level

No. of Wives/Co-wives No. of own children <5 years

Client Code Batch Bundle Page Check Recency Number Client's Telephone Number

Street Address / Description

Nearest Landmark/Compound

State of Residence LGA of Residence

Type of Session Index Testing

Previously tested within the last 3 months

Client is Pregnant Client breastfeeding < 6 months Client breastfeeding > 6 months

Pre-Test Counseling/Risk Assessment

(A) Knowledge Assessment

Previously tested HIV negative Time of last HIV Negative test Results Client informed about HIV transmission routes Client informed about risk factors for HIV transmission Client informed on preventing HIV transmission methods Client informed about possible test results Informed consent for HIV testing given

(B) Personal HIV Risk Assessment (Last 3 months)

Had sexual intercourse More than 1 sex partner Unprotected Vaginal Sex Unprotected Anal Sex Blood transfusion in last 3 months Sex under the influence of drugs and alcohol History of STI Unprotected sex with regular partner Unprotected sex with casual partner Personal HIV Risk Assessment Score

Test for HIV if Personal HIV Risk Assessment Score is >=1 and last HIV test is more than 3 months ago

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Data Matrix ID here

Photo taken Discard this multi-pages form

(C) TB and Syndromic STI Screening

Table with columns for Clinical TB screening and Syndromic STI Screening, including symptoms like cough, weight loss, fever, night sweats, lymphadenopathy, and TB screening score.

(D) Sex Partner Risk (last 3 months)

Table with columns for Sex Partner Risk categories, including questions about sex with HIV positive partners, pregnancy, and adolescent exposure.

Post Test Counseling

Table with columns for Post Test Counseling items, including HIV test result, previous testing, and counseling actions like providing information and condoms.

If client tests HIV negative, has an HIV Risk Assessment Score of 1 and above, or there is evidence of an STI syndrome, recommend re-testing after 3 months. If client tests HIV negative and has score >=1 in Section D above Refer Client for Prep services

Table for Recency test with RTRI and CD4 Testing, including options for recent/long term tests and CD4 test results.

Table for Syphilis Testing and Hepatitis Testing, including test results for Syphilis, Hepatitis B, and Hepatitis C.

Comments Completed by Designation Sign Provider ID Date