

HIV Index Contact Testing Services Booklet



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Instructions for completing these forms:

1. Index client information:

Once you have counselled and prepared the HIV-positive index client on contact testing services, and obtained her/his verbal agreement to receive these services, complete this information while interviewing the client.

- Tick the relevant box: 'Male' or 'Female'.
- Record all the landmarks and the traceable location for the client's physical address.

2. Consent form:

Fill in the full name of the index client. If the client agrees to the contact being traced, ask him or her to sign this form in the space provided.

3. Partner elicitation:

Ask the index client to give you the name/s of all the people s/he has had sexual intercourse with in the past 12 months, including both main/married partners and casual/unmarried partners. If the index client injects drugs, ask for the name/s of his or her partner/s who inject drugs. You may wish to start with the main sexual partner and then ask about other partners, or you can ask about the most recent partner and work backwards in time.

- Partner information:
Ask the client to give you as much information as possible about each partner named on the Partner Elicitation Form. Determine together the preferred testing plan for each partner. Write 'N/A' for any information that is not available.
 - Proposed testing date and time:
 - Ask details about a possible date and time of a visit for testing. Are the partner/s available on the weekend or on a weekday? Which day of the week is preferable?
 - Testing plan:
 - C – partner will be traced by the community testing partner on the date and time indicated
 - F – partner will be invited by the index client to come to the facility for testing
 - NRS – partner is not recommended for index tracing due to safety of the index client based on the intimate partner violence (IPV) screening
 - R/with index:
 - Indicate the index relationship with each partner (Sexual Partner [SP] or Needle-Sharing Partner [NSP]).
 - Intimate partner violence and outcome:
 - Indicate with YES or NO if the partner was screened for IPV using the standard IPV tool.

4. Screen for intimate partner violence:

Tick either the 'Yes' or 'No' box for all four questions. Record full information on the services being referred to.

5. Attempts to contact partners:

Once you have used the options of the telephone, SMS, and Outreach Teams, fill in the dates of the first, second, and third attempts to engage with all the index client's partners.

Comments: In the space provided, write down the outcomes of these attempts, specifying whether the outcome was successful. Write 'S' for 'successful' and 'U' for 'unsuccessful'.

6. Elicitation of children:

Ask the client to give you as much information as possible about each child named on the Children Elicitation form. Write 'N/A' for any information that is not available.

7. Outcomes:

Fill in all the outcome details.

If the partner or child tests positive for HIV, add the ART number/File number.

If the partner or child is a known positive, add the ART number, ART start date (month and year), and facility where ART is collected.

Clients who are HIV positive and not on ART need to be returned back to care and initiated.

8. Completion:

Sign the form immediately after completion. If any handover of tracing is done, the person receiving the duplicate form should also write his/her name and surname in full, sign, and fill in a date when the handover was done.

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

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☐ Male☐ Female

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NOTES

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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☐ Male☐ Female

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Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

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Completed by:		Signature:	
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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

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☐ Male☐ Female

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(SEE INSTRUCTION 5)**

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Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			
3)							Date	C	F	NRS
							Time			
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							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			
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							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			
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							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
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3)				SP			Date	C	F	NRS
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4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

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- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

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(Full Name and Surname)

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PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			
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							Time			
4)							Date	C	F	NRS
							Time			

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(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

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PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

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- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
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							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
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- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
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3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
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				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
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							Time			
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							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

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(Full Name and Surname)

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Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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				NSP			Time			
3)				SP			Date	C	F	NRS
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4)				SP			Date	C	F	NRS
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

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- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

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Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

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CONSENT (SEE INSTRUCTION 2)

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PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

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**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
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Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

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☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

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(Full Name and Surname)

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PARTNER ELICITATION (SEE INSTRUCTION 3)

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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

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- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
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Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

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PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
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Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

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Signature:

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PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

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- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

NOTES

[illegible]

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
2)				SP			Date	C	F	NRS
				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
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							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)				SP			Date	C	F	NRS
				NSP			Time			
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				NSP			Time			
3)				SP			Date	C	F	NRS
				NSP			Time			
4)				SP			Date	C	F	NRS
				NSP			Time			

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
1)							Date	C	F	NRS
							Time			
2)							Date	C	F	NRS
							Time			
3)							Date	C	F	NRS
							Time			
4)							Date	C	F	NRS
							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :	Attempt date 1 st :
Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

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INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

Alternative (2)

Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

If Yes, ART No:

CONSENT (SEE INSTRUCTION 2)

I

(Full Name and Surname)

agree to a visit from a Health Care Worker to provide HIV testing services to my partner/s and children. I have been informed and understand that my HIV status will be handled with strict confidence and will only be shared with healthcare providers in the best interest of my health; my HIV status will not be shared with any of my partner/s or family members without my consent; the HIV status of my partner/s family will not be shared with me without their consent; all topics discussed before, during, and after the session, and during the process of data management, are equally treated as confidential; I understand and I have given my consent that data might be used for research without disclosing my name or personal information.

Signature:

Date:

PARTNER ELICITATION (SEE INSTRUCTION 3)

Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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3)				SP			Date	C	F	NRS
				NSP			Time			
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

Because your safety is very important to us, we ask all clients the following questions:

- Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you? ☐ Yes ☐ No
- Has [partner's name] ever threatened to hurt you? ☐ Yes ☐ No
- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			
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							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

Completed by:		Signature:	
Tracing handed over to:		Signature:	Date:

INFORMATION ABOUT THE INDEX CLIENT (SEE INSTRUCTION 1)

Index client's name (last, first, middle):

☐ Male☐ Female

ID or Date of birth (dd/mm/yyyy):

Folder No:

Client's phone number:

Alternative (1)

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Address (including any landmarks, e.g., next to the church):

Date of HIV diagnosis:

On
ART:☐ Yes☐ No

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CONSENT (SEE INSTRUCTION 2)

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Name and surname (Include nickname)	Sex M/F	Age	Status	R/ with index	Contact details (physical address and telephone where appropriate)	IPV screen- ing	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV) (SEE INSTRUCTION 4)

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- Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable? ☐ Yes ☐ No
- IPV risk identified; ☐ Yes ☐ No Referral: ☐ Yes ☐ No Referred to: _____

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :	Attempt date 3 rd :
Outcomes:	Outcomes:	Outcomes:	Outcomes:

CHILDREN ELICITATION (SEE INSTRUCTION 6)

Name and surname (Include nickname)	Sex M/F	Age	Status	Caregiver /parent contact	Physical Address (detailed landmarks)	Screen- ing for safety & outcome	Pro- posed testing date and time	Testing plan (C/F/NRS)		
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							Time			

**ATTEMPTS TO CONTACT THE CLIENT (OPTIONS: TELEPHONE OR SMS OR OUTREACH TEAMS)
(SEE INSTRUCTION 5)**

Attempts to reach client (1)	Attempts to reach client (2)	Attempts to reach client (3)	Attempts to reach client (4)
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Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :	Attempt date 2 nd :
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Outcomes:	Outcomes:	Outcomes:	Outcomes:

HIV OUTCOME FOR ALL CONTACTS (SEE INSTRUCTION 7)

Name	HIV test outcome (P/N)	Known positive (Y/N)	Enrolled on ART (Y/N)	ART number	ART start date (MM/YYYY)	Name of facility for ART

(SEE INSTRUCTION 8)

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