
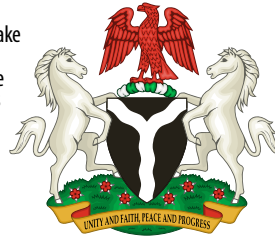


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INSTRUCTIONS
Filling out
 • Cross an oval with an X.
 • Use square boxes for numbers and letters.
 • Write exactly one letter /digit in one box. Use CAPITAL letters.
 • Questions marked with an asterisk * are mandatory.

Correcting Mistakes
 • When you make a mistake in, shade it and write the correct answer close to it. Below a mistake is corrected to "W".




ScanForm
 HTS 001 P2 1.6

Data Matrix ID here

Photo taken
 Discard this multi-pages form

(C) TB and Syndromic STI Screening

Clinical TB screening	No (0)	Yes (1)	Syndromic STI Screening	No (0)	Yes (1)
Current cough <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Female: Complaints of vaginal discharge or burning when urinating? <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Weight loss <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Female: Complaints of lower abdominal pains with or without vaginal discharge? <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Fever <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Male: Complaints of urethral discharge or burning when urinating? <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Night sweats <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Male: Complaints of scrotal swelling and pain <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Lymphadenopathy <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Complaints of genital sore(s) or swollen inguinal lymph nodes with or without pains? <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
TB screening score <input type="text" value="123"/> <small>(sum of all 5 answers)</small>	<input type="checkbox"/>		STI screening score <input type="text" value="123"/> <small>(sum of all 5 answers)</small>	<input type="checkbox"/>	

If score ≥ 1, test for Xpert MTB RIF or refer to TB service

If score ≥ 1, follow syndromic STI management guidelines or refer

(D) Sex Partner Risk (last 3 months)

Have you had sex with a partner who is HIV positive and falls in any of the categories below?

	No (0)	Yes (1)		No (0)	Yes (1)
Have you had sex with a partner who is HIV positive? <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Known HIV positive partner on ARV with an unsuppressed VL <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Newly diagnosed with HIV and started treatment less than 3-6 months ago <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Known HIV positive recently returned to treatment after being Lost to Follow Up <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Who is pregnant and currently receiving ARV for PMTCT? <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Unprotected anal sex <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
An adolescent 10-19 yrs old and known to be HIV infected either on ARV or on NOT <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Sex Partner Risk Assessment Score <input type="text" value="123"/> <small>(sum of all 7 answers)</small>	<input type="checkbox"/>	

Post Test Counseling

	No (0)	Yes (1)		No (0)	Yes (1)
HIV Test Result* <input type="radio"/> ONE <input type="radio"/> Negative <input type="radio"/> Positive			Will bring partner(s) for HIV testing <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
			Will bring own children <5 years for HIV testing <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Have you been tested for HIV before within this year? <input type="radio"/> ONE <input type="radio"/> Not previously tested <input type="radio"/> Previously tested negative <input type="radio"/> Previously tested positive in HIV Care <input type="radio"/> Previously tested positive not in HIV Care			Provided with information on FP and dual contraception <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
			Client/Partner use FP methods (other than condom) <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
			Client/Partner use condoms as (one) FP method <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
			Correct condom use demonstrated <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
HIV Request and Result form signed by tester(s) <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Condoms provided to client <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
HIV Request and Result form filled with CT Intake Form <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	How many condoms were provided to client <input type="text" value="123"/>		
Client received HIV test result <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Lubricants provided to client <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Post test counseling done <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	How many lubricants were provided to client <input type="text" value="123"/>		
Risk reduction plan developed <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Client referred to other services <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1
Post test disclosure plan developed <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1	Discordant couple? <input type="radio"/> ONE	<input type="radio"/> 0	<input type="radio"/> 1

If client tests HIV negative, has an HIV Risk Assessment Score of 1 and above, or there is evidence of an STI syndrome, recommend re-testing after 3 months

If client tests HIV negative and has score ≥ 1 in Section D above Refer Client for Prep services

Recency test with RTRI (for positive clients only) ONE

Recent (if recent refer for viral load) Long Term Negative Invalid

CD4 Testing (for positive clients only)

CD4 Test Result (cells/m3) ≤200 >200

Syphilis Testing

Syphilis Test Result ONE Non-Reactive Reactive

Hepatitis Testing

Hepatitis B Virus Test Result ONE Negative Positive
 Hepatitis C Virus Test Result ONE Negative Positive

Comments

Completed by

Designation

Sign

Provider ID*

Date dd / mm / yyyy