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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital HIV Care/ART Follow-Up Form

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date



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MINISTRY OF HEALTH-ETHIOPIA

HIV CARE/ART FOLLOW-UP FORM MINISTRY OF HEALTH

S/US	Months on ART																	
S=Scheduled US=Unscheduled	Duration in months since initiation of ART: 0=ART Initiation date 1week=1 week 2weeks=2 weeks 3weeks=3 weeks 1= 1 month 2=2 months If not started on ART (Pre-ART) leave this column blank																	
TB SCREEN																		
SCREENFOR TB AT EVERYVISIT Adult Adolescent 1. Current Cough? 2. Fever? 3. Night sweats. 4. Weight loss? P=(Positive screen)-Yes to any of the above---Evaluate for TB. N= (Negative screen)- No to all the questions above---assess for IPT eligibility Children0-14years old 1. Current Cough? 2. Fever? 3. Weight loss or poor weight gain? 4. Contact history with TB patient? P=(Positive screen)-Yes to any one of the four---evaluate for TB N=(Negative screen)-No to all four-- -assess for eligibility to IPT Xpert MTB/ RIF (1) P= Positive N= Negative LF LAM (2) P= Positive N= Negative	Pain Assessment &Management Assess for Pain &Manage as NP= No pain S1= WHOStep1 S2= WHOstep2 S3= WHOstep3																	
	Nutritional Status (adults)																	
	BMI (wt/(ht2)) (for non-pregnant/non postpartum) 1= Normal(18.5-24.99kg/m2) 2= Mild (17-18.49kg/m2) 3=Moderate malnutrition (16-16.99kg/m2) 4=Severe malnutrition (<16kg/m2) 5=Over weight (25-29.99 kg/m2) NB: write the codes (1,2,3,4 or 5)	MUAC (for pregnant/ postpartum /bedrid-den) 1= Normal (>23cm) 2=Moderate malnutri-tion (19-23cm)3=- Severe malnutrition (<19cm for pregnant and postpartum /<18cm for bedridden)																
TB PROPHYLAXIS TREATMENT	ADHERENCE																	
6H1-6=Currently on INH prophylaxis (Number refers to months on 6H) 6H-C=Completed treatment 6H- DC=discontinued for any reason 3HP1-3=Currently on 3HP prophylaxis (Number refers to months on 3HP) 3HP-C=Completed treatment 3HP- DC=discontinued for any reason TB RX1-6=Currently on Anti-TB(num-bers refer to months on Rx) TB RXDC=discontinued TB Rx for any reason TB Rx C=Completed anti TB Rx	Estimate adherence using the table below: <table><tr><th>Adherence</th><th>%</th><th colspan="2"># Missed doses</th></tr><tr><td>G (Good)</td><td>≥95%</td><td>(of 30 doses) <2 doses</td><td>of 60 doses) ≤3 doses</td></tr><tr><td>F (Fair)</td><td>85-94%</td><td>2-4doses</td><td>4-9 doses</td></tr><tr><td>P (Poor)</td><td><85%</td><td>≥5 doses</td><td>≥10 doses</td></tr></table> If Fair or Poor adherence, in why column note reason: 1. Toxicity/ Side effects 2. Share with others 3. Forgot 4. Felt better 5. Too ill 6. Stigma, discloser 7. Drug stock out 8. Lost/ ran out of pills 9. Delivery/ travel problems 10. In ability to pay 11. Alcohol 12. Depression 13. Other		Adherence	%	# Missed doses		G (Good)	≥95%	(of 30 doses) <2 doses	of 60 doses) ≤3 doses	F (Fair)	85-94%	2-4doses	4-9 doses	P (Poor)	<85%	≥5 doses	≥10 doses
Adherence	%	# Missed doses																
G (Good)	≥95%	(of 30 doses) <2 doses	of 60 doses) ≤3 doses															
F (Fair)	85-94%	2-4doses	4-9 doses															
P (Poor)	<85%	≥5 doses	≥10 doses															
OI/ Opportunistic Cancers																		
NOI=No OI or Opportunistic cancer Z=Zoster BP=Bacterial Pneumonia PTB=Pulmonary Tuberculosis EPTB=Extra pulmonary tuberculosis TO= Thrush oral EC=esophageal candidiasis UM=ulcers-mouth DC or DA=Diarrhea Chronic/Acute PCP=Pneumocystispneumonia CT=CNS Toxoplasmosis CM=Cryptococcal Meningitis NHL=Non Hodgkins Lymphoma KS=Kaposi's Sarcoma CCa=Cervical cancer O=Other																		

Pregnancy Status/Family PlanningMethod	Functional status
P=Pregnant(If pregnant, give estimated due date(EDD)) PMTCT=Referred to PMTCT &indicate linkage WP=want to become pregnant No FP=not pregnant& is not using any FP methods FP=On Family Planning (enter code): 1=Condoms 2=Oral contraceptive pills 3=Injectable 4= Implant 5=Intrauterine device 6=Vasectomy/ tubal legation 7=Abstinence(no sex)	W=Working(able to perform usual work in or out of the house, harvest, go to school or, for children, normal activities or playing) A=Ambulatory (able to perform activities of daily Living) B=Bedridden (not able to perform activities of daily living)
DEVELOPMENTAL MILESTONES FOR CHILD	
A=Appropriate: Sitting without support3 to9months Standing with assistance.....5to 11months Hands and knees crawling6 to1 3months Walking with assistance7 to14 months Standing alone.....8 to17 months Walking alone..... 9 to18 months Delay: Failure to attain milestones for age Regression: Loss of what has been attained for age	
Nutritional Status(Children)	Nutritional Status(Older children &adolescents)
W/H 1=Normal/ Appropriate (> -1Z-score) 2=Mild(<-1and> -2Z-score) 3=MAM- Moderate Acute Malnutrition (<-2and>-3 Z-score) 4=SAM-Severe Acute Malnutrition(<-3Z-score)	BMI for age(5-18yrs) 1=Normal/appropriate (>-1Zscore) 2=Mild(<-1and> -2Zscore) 3=Moderate malnutrition(<-2and>-3Zscore) 4=Severe malnutrition(<-3Zscore) *BMI forage for older children and adolescents.
SIDE EFFECTS	REASONSFOR STOPPINGREGIMEN
1. No side effects 2. Nausea 3. Diarrhea 4. Fatigue 5. Headache 6. Numbness/tingling/pain 7. Rash 8. Anemia 9. Abdominal pain 10. Jaundice 11. Fat changes 12. Dizzy, anxiety, nightmare, depression 13. Other	1. STOP=Stopped ART 2. If STOP, In why column, note reason: 3. Toxicity/side effects 4. Treatment failure 5. Poor adherence 6. Illness, hospitalization 7. Drugs out of stock 8. Patient lack finances 9. Other patient decision 10. Other
REASONS FOR REGIMEN CHANGE	VIRAL LOAD
1. Toxicity/ Side effects 2. Due to new TB 3. New drug available 4. Drug stock out 5. Clinical failure 6. Immunologic failure 7. Virologic failure 8. Other	Mark “*” under VL column when requested/ speci-men collected, Write the amount and interpret as Suppressed- if the viral load is< 50 copies per ml, Low level vi-remia: if viral load is between 50 and 1000 cop-ies per ml and High Viral Load - if the viral load is >1000 copies per ml for clinical intervention
Cervical Cancer Screening& Treatment	
Type of Cx Ca Screening result (0- 6): 0. Cx Ca screening not done 1. HPV Negative 2. HPV Positive 3. VIA Negative 4. VIA Positive: eligible for Cryo 5. VIA Positive: Non-Eligible for Cryo 6. Suspicious for Cervical Cancer 7.Referred for screening	Management of cervical lesions (0-4) 0. No treatment / further evaluation & manage-ment service given 1. Cryotherapy 2.Thermal ablation treatment 3.LEEP service 4. Further evaluation & management service given to Suspicious for Cervical Cancer 5.Referred

Client readiness	
Enter the date (dd/mm/yy) client is ready for ART initiation when client is coun-seled, adherence barriers addressed and client is willing to start ART Client Set HIV Prevention Plan D =Agreed to Disclose to partner/family/friend, PT= Agreed to bring partner for testing ChT=agreed to bring children for testing, SSex=discussed &agreed to practice safer sex SubU=Decides to avoid or decrease Substance use ASS=Assessed for STI SRX=client managed for STI For children Fill in stage of HIV disclosure DS0 = No disclosure DS1=Satge1, about the illness, taking medicine, keeping healthy, DS2=Stage2, about germs, body soldiers, DS3=Stage3, use of terms like CD4, Viral Load, HIV	
DISPENSE DOSE/ REGIMEN CODE	
ADULT FIRST LINE	CHILD FIRST LINE
1d = AZT - 3TC - EFV 1e = TDF - 3TC - EFV 1g = ABC + 3TC + EFV 1j = TDF + 3TC + DTG 1K = AZT + 3TC + DTG 1i = Other specify	4d = AZT+3TC+EFV 4e = TDF+3TC+EFV 4f = AZT +3TC + LPV/r 4g = ABC + 3TC + LPV/r 4i = TDF + 3TC + DTG 4j = ABC + 3TC + DTG 4K = AZT + 3TC + DTG 4L = ABC + 3TC + EFV 4h = Other specify
ADULT SECOND LINE	CHILD SECOND LINE
2e= AZT +3TC +LPV/r 2f =AZT+3TC +ATV/r 2g=TDF + 3TC+LPV/r 2h= TDF + 3TC + ATV/r 2i= ABC + 3TC+ LPV/r 2j = TDF + 3TC + DTG 2k = AZT + 3TC + DTG 2l= Other specify	5e=ABC+3TC+LPV/r 5f=AZT + 3TC + LPV/r 5g=TDF + 3TC + EFV 5h=ABC + 3TC + EFV 5i= TDF + 3TC+LPV/r 5m= ABC+3TC+DTG 5n= AZT+3TC+DTG 5o= TDF + 3TC + DTG 5j= Other specify
ADULT THIRD LINE	CHILD THIRD LINE
3a = DRV/r+DTG+AZT+3TC 3b = DRV/r+DTG+TDF+3TC 3c=DRV/r+ABC+3TC+DTG 3e= DRV/r+TDF+3TC+EFV 3f= DRV/r+AZT+3TC +EFV 3d = Other specify	6c= DRV/r + DTG + AZT +3TC 6d = DRV/r + DTG +TDF+3TC 6f = DRV/r+DTG+ABC+3TC 6g= DRV/r +ABC+3TC+ EFV 6h= DRV/r +AZT+3TC+EFV 6e = Other specify
DSD CODE	
1. 3MMD 2. ASM(6MMD) 3. FTAR 4. CAG 5. PCAD 6. DSD for Adolescent 7.DSD for KP 8.DSD for MCH 9.DSD for AHD 10.Others	

In the follow-up date, in 2nd column if one of the options below applies, use raw next to the last visit to enter the appropriate information:
TO=Transfer out LOST=not seen since ≥1 month,3 months DROP= lost to follow-up for >3 months STOP= When the clinician stop ART for different reason and patient is on follow up DEAD