

## **HIV TESTING AND COUNSELIN**

MONTH: ------ YEAR: -----

							Demographic Information														
SN			Regist	ration		Client's Name and Caste				Age			ldren	atus**	* *		hly		Address/ Perman		
				MR	SR	First Name (Optional)	Last Name (Compulsory)	Ethnic		Sex		Marital Status*	Number of children	Educational Status**	Education Level***	Employment Status****	Average Monthly Income (NPR)	Contact Number:	District	Municipality	
	DD	MM	YY No		No			Code	F	М	SM	Marita	Numbe	Educal	Educat	Emplo <sup>,</sup> Status <sup>,</sup>	Averag			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	

\*Column 13: Marital Status (1=Unmarried, 2=Married, 3=Divorce, 4=Widow/Widower, 5=Living Together, 6= Separated 7=Not Applicable)

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<sup>\*\*</sup>Column 15: Educational Status: 1=Illiterate, 2=Literate

<sup>\*\*\*</sup>Column 16: Education level: 1=Primary, 2=Secondary, 3=Higher secondary, 4=Bachelor or above

<sup>\*\*\*\*</sup> Column 17: Employment status: 1=Unemployed, 2=Employed

**<sup>‡</sup>Column 30:** Client code= Last name (First 2 characters)+ Date of birth (last 2 digits -YY) + sex (1= F, 2= M, 3 = SM)

SR: Service Registration Number, SM: Sexual Minority

## **IG REGISTER**

										Pre-te	st coun	seling			Н	IIV Te	st	Post - Test Counseling						
t			Address/Temporary						nseling	3efore	son for	itatus	şdr	Informed Consent				est ng	eived	esult	Partner Counseling	Partner	45. If diagnosed HIV positive, Referred to ART	
Ward	Tole	ers	District	A A contato a litera	Ward	Tole	Others	Client Code <sup>‡</sup>	Pre-test Counseling	HIV Tested Before	Medical Reason for Testing <sup>©</sup>	Pregnancy Status	Risk Group <sup>§</sup>	rmed	Test 1	Test 2	Test 3	Post - Test Counseling	Result received	HIV Test Result	r Cour	tus of	Yes = 1	
Number		Others	District	Municipality										Info							Partne	HIV Status of Partner	No = 2	
22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	If Referred to ART Center, Write ART Name	
Φο. Ι				- Dregnancy: 1 - Surger	- ·····		01:1.1									0.1 \				l				

Column 33: Medical reason for testing (1 = STI; 2=TB; 3 = Pregnancy; 4 = Surgery; 5 = HIV/AIDS symptoms; 6 = Child delivered from Positive Mother; 7 = None of above; 8 = Other)

Scolumn 35: Risk Group (1 = Female Sex Worker; 2= People who inject drugs(PWID), 3=MSM; 4 = Blood or Organ Recipient, 5=Clients of Sex Workers; 6 = Migrants; 7 = Spouse/Partner of Migrants; 8=Male Sex Worker (MSW); 9=Transgender (TG); 10= Vertical Transmission; 11=Prison Inmates; 12= Other (not specified in above category)

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