Index Client Information Form

***Complete one form per index client**

Instructions: Complete this form while interviewing the HIV-positive index client who has verbally agreed to receive index testing services.

Date form completed (dd/mm/yyyy): _____/_____/_____

Name of Person Completing Form:_____

Name of Health Facility or HIV Testing Site:_____

INFORMATION ABOUT THE INDEX CLIENT

Index Client's Name (Last, First, Middle): _____

DOB (dd/mm/yyyy):_____   **Age**:_____yrs.

Gender: ☐ Male   ☐ Female   ☐ Transgender (Male to Female)   ☐ Transgender (Female to Male)

Marital Status: ☐ Single   ☐ Engaged to be married   ☐ Married/cohabitating-monogamous

☐ Divorced   ☐ Widow/er   ☐ Married-polygamous: # wives _____

Client's Personal Cell Phone Number: _____

Alternative contact number (if available):_____

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

_____

_____

Date of HIV Diagnosis: (dd/mm/yyyy):_____

Is the index client currently enrolled in an HIV treatment program?   ☐ Yes   ☐ No

If yes, name of health facility_____

If yes, list the index client's ART enrollment number:_____

For women: How many biological children < 15 does the index client have?_____

How many of these children have an "unknown status" and need an HIV test?_____

Partner Elicitation Form

*Complete one form for each index client

Instructions: Ask the index client to tell you the names of all the people they have had sex with in the past 12 months, including both main/married partners and casual/unmarried partners. If the client injects drugs, ask them to also tell you the names of their injecting drug use partners. You may wish to start with the main sex partner and then ask about other partners, or you may wish to start by asking about the most recent partner and working backwards in time.

List names(s) of partners (Tick ☐ if name is unknown)	Phone Number	Alternative Phone Number
1) ☐	☐ Unknown	☐ Unknown
2) ☐	☐ Unknown	☐ Unknown
3) ☐	☐ Unknown	☐ Unknown
4) ☐	☐ Unknown	☐ Unknown
5) ☐	☐ Unknown	☐ Unknown
6) ☐	☐ Unknown	☐ Unknown
7) ☐	☐ Unknown	☐ Unknown
8) ☐	☐ Unknown	☐ Unknown
9) ☐	☐ Unknown	☐ Unknown
10) ☐	☐ Unknown	☐ Unknown

Partner Information Form

*Complete one form for each partner named by the index client.

Instructions: Ask the client to give you as much information as they can about each of the partners they named on the partner elicitation form.

Write "N/A" for any information not available.

After completing a separate form for each contact, file all completed forms in the client's folder or medical chart.

Partner's Name (Last, First, Middle):_____

Partner's Nickname:_____

Partner's DOB (dd/mm/yyyy):_____   **Partner's Age**:_____yrs.

Partner's Gender: ☐ Male   ☐ Female   ☐ Transgender

Partner physical description:
_____

Partner's Address (including any landmarks, e.g. next to the church):
_____

_____

How would you describe your relationship to this partner?
☐ My wife/husband/fiancée ☐ We live together but are not married
☐ My girlfriend/boyfriend   ☐ Someone I had sex with for fun
☐ Someone who pays me or gives me things to have sex with her/him
☐ Someone I paid to have sex with

Do you currently live with this partner?   ☐ Yes   ☐ No   ☐ Declines to answer

As far as you know, has this partner ever tested positive for HIV?
☐ Yes   ☐ No   ☐ Don't know   ☐ Declines to answer

If yes, is this partner currently taking medications for HIV?
☐ Yes   ☐ No   ☐ Don't know   ☐ Declines to answer

SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV)

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

1. Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you?
    ☐ Yes   ☐ No
2. Has [partner's name] ever threatened to hurt you?
    ☐ Yes   ☐ No
3. Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable?
    ☐ Yes   ☐ No

DETERMINE INDEX TESTING PLAN

Instructions: Show the "Options for Getting Your Partner Tested" and "Options for HIV Testing for Biological Children" cards to the index client and review the options. Ask the client, which option they would prefer and record their chosen options below. If the client choses "contract referral", record the date (30 days from today's date) by which the partner/child(ren) should come for HIV testing services. If the client choses "dual referral" for partner notification, record the date when the joint disclosure session will occur.

Index Client's Plan for Notifying This Partner:

☐ **Client Referral:** Index client will notify partner

☐ **Provider Referral:** Health care providers will notify the partner

☐ **Contract Referral:** Both the index client and health care provider will notify the partner.

The index client will first try notifying the partner no later than __ __ / __ __ / __ __ __ __.

After which the provider will contact the partner (with permission from the index client).

☐ **Dual Referral:** The index client and health care provider will jointly notify the partner.

This joint session will occur on __ __ / __ __ / __ __ __ __.

☐ Partner Testing not recommended at this time due to safety concerns.

☐ No Partner Testing needed, partner is known positive.

Index Client's Plan for Testing Child(ren):

☐ **Contract Referral:** The index client will bring the child(ren) to the facility within 30 days:

__ __ / __ __ / __ __ __ __. After which a provider will visit the index client's home (with

permission from the index client).

☐ **Community Based:** Health care providers will visit the index client's home and test the

child(ren).

☐ **Facility Based:** Index client brings child(ren) to the facility for testing.

☐ Family Testing not recommended at this time due to safety concerns.

☐ No Family Testing needed, complete family tree. All children know their status, and any

children living with HIV are on HIV treatment.

Outcome of Partner Testing Services Form

INDEX CLIENT INFORMATION

Name:_____

HTS/ART Clinic Number:_____

Gender: □ Male □ Female □ Transgender   **Date of Birth**:_____/_____/_____

PARTNER 1	PARTNER 2	PARTNER 3
Gender: □ Male □ Female □ Transgender	**Gender:** □ Male □ Female □ Transgender	**Gender:** □ Male □ Female □ Transgender
Date of Birth:_____/_____/____	**Date of Birth:**_____/_____/____	**Date of Birth:**_____/_____/____
Type of Partner Testing:	**Type of Partner Testing:**	**Type of Partner Testing:**
□ Client □ Provider □ Contract □ Dual	□ Client □ Provider □ Contract □ Dual	□ Client □ Provider □ Contract □ Dual
Date/Method of 1st Contact Attempt:	**Date/Method of 1st Contact Attempt:**	**Date/Method of 1st Contact Attempt:**
_____/_____/_____ Phone Home	_____/_____/_____ Phone Home	_____/_____/_____ Phone Home
Date/Method of 2nd Contact Attempt:	**Date/Method of 2nd Contact Attempt:**	**Date/Method of 2nd Contact Attempt:**
_____/_____/_____ Phone Home	_____/_____/_____ Phone Home	_____/_____/_____ Phone Home
Date/Method of 3rd Contact Attempt:	**Date/Method of 3rd Contact Attempt:**	**Date/Method of 3rd Contact Attempt:**
_____/_____/_____ Phone Home	_____/_____/_____ Phone Home	_____/_____/_____ Phone Home
Was partner contacted? □ Yes □ No	**Was partner contacted?** □ Yes □ No	**Was partner contacted?** □ Yes □ No
If yes, who contacted partner?	**If yes, who contacted partner?**	**If yes, who contacted partner?**
□ Client □ Provider □ Client + Provider	□ Client □ Provider □ Client + Provider	□ Client □ Provider □ Client + Provider
Outcome of Partner Testing Services:	**Outcome of Partner Testing Services:**	**Outcome of Partner Testing Services:**
□ Partner received an HIV test	□ Partner received an HIV test	□ Partner received an HIV test
□ Partner refused an HIV test	□ Partner refused an HIV test	□ Partner refused an HIV test
□ Partner known to be HIV-positive	□ Partner known to be HIV-positive	□ Partner known to be HIV-positive
□ Other:_____	□ Other:_____	□ Other:_____
Partner's HIV status (if tested):,	**Partner's HIV status (if tested):,**	**Partner's HIV status (if tested):,**
□ HIV-positive □ HIV-negative	□ HIV-positive □ HIV-negative	□ HIV-positive □ HIV-negative
Is the partner on ART (if HIV-positive)?	**Is the partner on ART (if HIV-positive)?**	**Is the partner on ART (if HIV-positive)?**
□ Yes □ No	□ Yes □ No	□ Yes □ No

*Complete additional forms if index client has more than 3 partners.

Outcome of Family Testing for Biological Children

INDEX CLIENT INFORMATION

Name:_____

HTS/ART Clinic Number:_____

Gender: □ Male □ Female □ Transgender   Date of Birth:_____/_____/_____

No. of Children:_____

Date *form completed* (dd/mm/yyyy): _____/_____/_____

Date for *community home visit* (dd/mm/yyyy): _____/_____/_____   OR   Date to *return to facility* (dd/mm/yyyy): _____/_____/_____

Child 1	Child 2	Child 3	Child 4
Name:_____	**Name:**_____	**Name:**_____	**Name:**_____
Gender: □ Male □ Female	**Gender:** □ Male □ Female	**Gender:** □ Male □ Female	**Gender:** □ Male □ Female
Date of Birth: ____/____/____	**Date of Birth**: ____/____/____	**Date of Birth**: ____/____/____	**Date of Birth**: ____/____/____
Type of Family Testing: □ Facility □ Community □ Contract	**Type of Family Testing:** □ Facility □ Community □ Contract	**Type of Family Testing:** □ Facility □ Community □ Contract	**Type of Family Testing:** □ Facility □ Community □ Contract
Child's HIV Status: □ HIV-positive □ HIV-negative □ Unknown	**Child's HIV Status:** □ HIV-positive □ HIV-negative □ Unknown	**Child's HIV Status:** □ HIV-positive □ HIV-negative □ Unknown	**Child's HIV Status:** □ HIV-positive □ HIV-negative □ Unknown
If tested HIV-positive, ART Start Date_____/____/____ ART Client Number_____	**If tested HIV-positive,** ART Start Date_____/____/____ ART Client Number_____	**If tested HIV-positive,** ART Start Date_____/____/____ ART Client Number_____	**If tested HIV-positive,** ART Start Date_____/____/____ ART Client Number_____

Instructions
- Complete this testing form for all biologic children of the index client. If the index patient has more than 4 children, complete additional forms as needed so that all children are recorded.
- If the index HIV patient is a child, complete the form for all the child's siblings and biological parents
- Children of male index clients do not need HIV testing unless their biological mother is HIV-positive, deceased, or her HIV status is unknown/not documented.
- This form should be reviewed and updated at least annually. Children with a "known HIV status" should not be re-tested unless they have a new exposure.