**START Time & Motion Form**

***Please enter information here when you perform tasks during the workday. Do not complete from memory at the end of the day.***

**Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ART ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | **DATE****(DD/MM/YY)** | **TIME****(HH:MM)** |
| Informed Consent procedure started (**Completed by Research Nurse)** |  |  |
| Informed Consent procedure ended(**Completed by Research Nurse)** |  |  |
| **Did patient provide informed consent? 🞏 Yes 🞏 No****If NO, then do not complete the rest of this form** |
| Clinician visit started(**Completed by Lay HCW)** |  |  |
| Clinician visit ended(**Completed by Lay HCW)** |  |  |
| **Is patient eligible for the START model? 🞏 Yes 🞏 No****If NO, then do not complete the rest of this form** |
| Adherence Counseling started **(Completed by Lay HCW)** |  |  |
| Adherence Counseling ended**(Completed by Lay HCW)** |  |  |
| ART dispensed**(Completed by Lay HCW)** |  |  |