**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)** |  |  |