**Study Enrollment Form - Intervention**

**Part 1: General**

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| 1. | Did patient provide written informed consent?  🞏 Yes  🞏 No If no, then stop and obtain informed consent. |
| 2. | Which model is patient being enrolled into?  🞏 CAG  🞏 UAG  🞏 Fast-Track  🞏 START |
| 3. | Date of enrollment (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 4. | Enrolled by: |
| 5. | Clinic Name: |
| 6. | Patient First Name: |
| 7. | Patient Surname: |
| 8. | ART ID: |
| 9. | Sex (M/F): |
| 10. | Date of Birth (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 11. | Patient Mobile Number 1: |
| 12. | Patient Mobile Number 2: |

**Part 4: START Model only**

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|  | ***Please complete the following questions on the day of obtaining informed consent:*** |
| 1. | Date of HIV Diagnosis(DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 2. | Was patient already enrolled in pre-ART before today?  🞏 Yes Go to question 2a  🞏 No Skip to question 3 |
| 2a. If the answer to question 2 is yes, please indicate the date and value of the last CD4 count: |
| Date of last CD4 count (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ Last CD4 Count: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 🞏 No CD4 Count recorded |
|  | |
|  | ***Please complete the following questions on the day of eligibility assessment:*** |
| 3. | Date of Eligibility Assessment (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 4. | Current WHO STAGE (based on review of today’s clinical visit form or discussion with the ART provider):  🞏 I 🞏 II 🞏 III 🞏 IV |
| 5. | Does the patient currently have an acute opportunistic infection (based on review of today’s clinical visit form or discussion with the ART provider)?  🞏 Yes  🞏 No |
| 6. | Was the patient determined to meet the START eligibility criteria by the provider?  ***1.*** *HIV positive* ***2.*** *Age >=14* ***3.*** *Not acutely ill* ***4****. ART naïve* ***5.*** *Meets national criteria for ART initiation* ***6****. Not pregnant*  🞏 Yes Go to question 6a  🞏 No Go to question 6c  \*Note: Although pregnant patients meet national criteria for ART initiation, they are not eligible for the START model because they should be referred directly to MCH. |
|  | 6a. If the answer to question 6 is yes, what is the reason for being eligible for ART according to the national HIV guidelines for ART initiation? (Mark ALL that apply)  1=CD4 count less than 500 cells/mm3  2=HIV-positive partner in a discordant relationship or of a pregnant/breastfeeding woman  3=Active TB co-infection  4=Hepatitis B co-infection  5= WHO Stage III or IV Disease |
|  | 6b. If the answer to question 6 is yes, was ART dispensed today?  🞏 Yes  🞏 No |
|  | 6c. If the answer to question 6 is no, what is the reason for NOT being eligible for the START model? (Mark all that apply)  1= Age < 14 years  2= Acutely ill  3= ART experienced  4= Does not meet criteria for ART initiation  5= Pregnant  6= Not willing to participate in study  7= Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |