



PrEP Wizard –Screening and initiation

UIC

Name

Demographic Data

1. Date of birth/...../..... (dd/mm/yy)
2. Age _____
3. Highest education qualification _____
4. Occupation _____
5. Address _____
6. Cell phone number _____
7. Marital status _____
8. Next of kin _____

HIV testing history

1. Have you had an HIV test in the past 1 week? Yes No
2. When were you tested?/...../..... (dd/mm/yy)
3. What was the result? Neg Pos Unknown
4. Do you have any documentation? Yes No

Past medical history

5. Do you have any health-related problems today? Yes No
- If "Yes", provide details _____
6. Have you been diagnosed of any chronic illnesses? Yes No
- If "Yes", tick one:
- Hypertension
 - Diabetes
 - CCF
 - Renal failure
 - Liver failure
 - Psychosis
 - Epilepsy
 - Other, please specify _____



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Pregnancy/Breastfeeding

7. Are you currently pregnant? Yes No
8. When was your last menstrual period? / / (dd/mm/yy)
9. Pregnancy test result Neg Pos
10. Are you using contraception? Yes No
- If "Yes", tick which one:
- Injection
- Implant
- Pills
- IUD
- Barrier method
11. Are you currently breastfeeding? Yes No

Drug history

12. Are you taking any drugs/medications? Yes No
13. If "Yes", which drugs/medications?
-
14. Are you on ARVs? Yes No

Risk assessment (based on the last 6 months):

15. Are you sexually active? Yes No
16. Are you married or in a stable relationship > 6 months? Yes No

❖ If married or in a stable relationship:

17. Do you know your partner's HIV status? Yes No
- If "Yes":
- HIV-positive
- HIV-negative



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If partner is HIV-positive:

18. Is your partner on ART? Yes No

If partner is on ART:

19. Do you know about your partner's adherence to ART? Yes No
20. Has your partner had a VL test done in the last 12 months?
- If "Yes", do you know the VL result?
21. Virologically suppressed? Yes No
22. Do you use condoms every time you have sex with your partner? Yes No
23. Have you had any other sexual partners in the last 6 months? Yes No

If she has more than 1 sexual partner:

24. Do you know your non-regular partner(s) HIV status? Yes No
25. Do you use condoms every time you have sex with your non-regular partner? Yes No
26. Have you been treated for an STI in the last 3 months? Yes No
27. Have you exchanged sex for money, goods or services? Yes No
28. Do you have a history of sexual abuse/gender-based violence? Yes No
29. Have you used emergency contraception in the last 6 months? Yes No

If "Yes", how many times?

30. Have you used PEP in the last 6 months? Yes No

If "Yes", why?



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❖ **If single or not in stable relationship:**

17. How many sexual partners have you had in the last 6 months?

18. Do you use condoms every time you have vaginal or anal sex?

 Yes No

If "Yes", have you had a condom burst in the past 3 months?

 Yes No

How many times?

19. Have you been treated for an STI in the last 3 months?

 Yes No

20. Have you had sex whilst intoxicated with alcohol?

 Yes No

21. Have you used emergency contraception in the last 6 months?

 Yes No

If "Yes", how many times?

22. Have you used PEP in the last 6 months?

 Yes No

Why?

Primary infection

Any signs of primary infection?

 Yes No

If "Yes" tick all that apply:

- Fever
- Rash
- Sore throat
- Arthralgia
- Genital ulcer disease

Patient readiness

Are you ready to start PrEP?

 Yes No

Is "No", why not?



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Is client eligible for PrEP?

Yes

No

If “Yes”, why?

If “No”, why not?

Baseline investigations

Test	Date test done	Result
HIV rapid test		
Pregnancy test		
Creatinine clearance		
RPR		
TPHA		

PrEP drugs prescribed

Drug	Batch number	Quantity prescribed	Quantity dispensed
TDF 300mg/FTC 200mg			

Program

DREAMS

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