

## Form 4: Enrollment and Clinical Outcomes

Client Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age (years):	EC ID:
HTC #: _____	Linkage Program ID: <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**A1. Prior Enrollment in HIV Care (Before CommLink)**

- Use a Patient Care Card to complete the following questions.
- If Care Card is not available, ask the client the below questions to complete this section.
- Incomplete dates for Section A1 are acceptable.

1	Client has Patient Care Card or Chronic Care Appointment Card with CTC visits <b>before</b> CommLink:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
2	Facility where client first received HIV care <b>before</b> CommLink:			
3	Date of very first CTC visit <b>before</b> CommLink:		/	/
4	Date of very last CTC visit <b>before</b> CommLink:		/	/

**A2. Final Enrollment in HIV Care (During CommLink - complete when case closure rules have been met)**

5	Date <u>last</u> spoke with client ( <i>face-to-face or telephone</i> ):		/	/
6	Client reported visiting a CTC at least once <b>during</b> CommLink:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>If No or Unknown → STOP HERE</b>				
7	Client is still receiving HIV care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
8	Client is ART adherent and intends to remain on ART:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
9	Facility where client last received care <b>during</b> CommLink:			
10	Total number of CTC visits <b>during</b> CommLink ( <i>sum different visit dates from card</i> ):		___	___
11	Date of last recorded CTC visit <b>during</b> CommLink:		/	/

<b>B. Abstracted Data from <i>Patient Health Card</i></b>			<b>Special Instructions</b>
1	Care Facility:		
2	Date Enrolled in Pre-ART:	/ /	
3	Pre-ART Number:		
4	Date Started HAART:	/ /	<i>Or ART</i>
5	ART Number:		
6	Ever TB diagnosed:	<input type="checkbox"/> Yes <input type="checkbox"/> Missing	Yes = Pulmonary or extrapulmonary indicated in Tuberculosis History
7	Ever received TB treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> Missing	Yes = Date Started recorded in Tuberculosis History
<b>Note! For the following visits, record only those visits dated on or after the client started CommLink.</b>			
8	1 <sup>st</sup> CTC visit date:	/ / <i>or</i> <input type="checkbox"/> Missing	<b>1<sup>st</sup> Recorded Visit During CommLink LSP</b>  <i>This entry on the card could be the client's visit to the CommLink mobile unit – record it here.</i>
9	CD4 recorded on 1 <sup>st</sup> visit:	_____ <i>or</i> <input type="checkbox"/> Missing	
10	TB Screen on 1 <sup>st</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
11	IPT on 1 <sup>st</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
12	CTX on 1 <sup>st</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
13	ART on 1 <sup>st</sup> visit	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
14	Number of days ART prescribed:	_____ <i>or</i> <input type="checkbox"/> Missing	
15	2 <sup>nd</sup> CTC visit date:	/ / <i>or</i> <input type="checkbox"/> Missing	<b>2<sup>nd</sup> Recorded Visit During CommLink LSP</b>
16	CD4 recorded on 2 <sup>nd</sup> visit:	_____ <i>or</i> <input type="checkbox"/> Missing	
17	TB Screen on 2 <sup>nd</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
18	IPT on 2 <sup>nd</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
19	CTX on 2 <sup>nd</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
20	ART on 2 <sup>nd</sup> visit	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
21	Number of days ART prescribed:	_____ <i>or</i> <input type="checkbox"/> Missing	

**Section B Continued on Next Page...**

22	3 <sup>rd</sup> CTC visit date:	/ / <i>or</i> <input type="checkbox"/> Missing	<b>3<sup>rd</sup> Recorded Visit During CommLink LSP</b>
23	CD4 recorded on 3 <sup>rd</sup> visit:	_____ <i>or</i> <input type="checkbox"/> Missing	
24	TB Screen on 3 <sup>rd</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
25	IPT on 3 <sup>rd</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
26	CTX on 3 <sup>rd</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
27	ART on 3 <sup>rd</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
28	Number of days ART prescribed:	_____ <i>or</i> <input type="checkbox"/> Missing	
29	4 <sup>th</sup> CTC visit date:	/ / <i>or</i> <input type="checkbox"/> Missing	<b>4<sup>th</sup> Recorded Visit During CommLink LSP</b>
30	CD4 recorded on 4 <sup>th</sup> visit:	_____ <i>or</i> <input type="checkbox"/> Missing	
31	TB Screen on last 4 <sup>th</sup> date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
32	IPT on last 4 <sup>th</sup> date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
33	CTX on 4 <sup>th</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
34	ART on 4 <sup>th</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
35	Number of days ART prescribed:	_____ <i>or</i> <input type="checkbox"/> Missing	
36	5 <sup>th</sup> CTC visit date:	/ / <i>or</i> <input type="checkbox"/> Missing	<b>5<sup>th</sup> Recorded Visit During CommLink LSP</b>
37	CD4 recorded on 5 <sup>th</sup> visit:	_____ <i>or</i> <input type="checkbox"/> Missing	
38	TB Screen on 5 <sup>th</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
39	IPT on 5 <sup>th</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
40	CTX on 5 <sup>th</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
41	ART on 5 <sup>th</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
42	Number of days ART prescribed:	_____ <i>or</i> <input type="checkbox"/> Missing	

<b>C. Abstracted Data from <i>Chronic Care Appointment Card</i></b>			<b>Special Instructions</b>
1	CTC Name:		<i>Get the name of the facility from the client.</i>
2	Chronic Care No:		
3	Pre-ART Enrolment Date	/ / <b>or</b> <input type="checkbox"/> Missing	
4	Pre-ART Care Site:		
5	ART Eligibility Date:	/ / <b>or</b> <input type="checkbox"/> Missing	
6	ART Start Date:	/ / <b>or</b> <input type="checkbox"/> Missing	
<b>Note! For the following visits, record only those visits dated on or after the client started CommLink.</b>			
7	1 <sup>st</sup> CTC visit date:	/ / <b>or</b> <input type="checkbox"/> Missing	<b>1<sup>st</sup> Recorded Visit During CommLink LSP</b>  <i>This entry on the card could be the client's visit to the CommLink mobile unit – record it here.</i>
8	CD4 recorded on 1 <sup>st</sup> visit:	_____ <b>or</b> <input type="checkbox"/> Missing	
9	TB Screen on 1 <sup>st</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
10	IPT on 1 <sup>st</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
11	CTX on 1 <sup>st</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
12	ART on 1 <sup>st</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
13	Number of days of ART prescribed:	_____ <b>or</b> <input type="checkbox"/> Missing	
14	2 <sup>nd</sup> CTC visit date:	/ / <b>or</b> <input type="checkbox"/> Missing	<b>2<sup>nd</sup> Recorded Visit During CommLink LSP</b>
15	CD4 recorded on 2 <sup>nd</sup> visit:	_____ <b>or</b> <input type="checkbox"/> Missing	
16	TB Screen on 2 <sup>nd</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
17	IPT on 2 <sup>nd</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
18	CTX on 2 <sup>nd</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
19	ART on 2 <sup>nd</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
20	Number of days ART prescribed:	_____ <b>or</b> <input type="checkbox"/> Missing	

**Section C Continued on Next Page...**

21	3 <sup>rd</sup> CTC visit date:	/ /	<i>or</i>	<input type="checkbox"/> Missing	<b>3<sup>rd</sup> Recorded Visit During CommLink LSP</b>
22	CD4 recorded on 3 <sup>rd</sup> visit:	_____	<i>or</i>	<input type="checkbox"/> Missing	
23	TB Screen on 3 <sup>rd</sup> visit date:	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> Missing	
24	IPT on 3 <sup>rd</sup> visit date:	<input type="checkbox"/> Ticked		<input type="checkbox"/> Missing	
25	CTX on 3 <sup>rd</sup> CTC visit:	<input type="checkbox"/> Ticked		<input type="checkbox"/> Missing	
26	ART on 3 <sup>rd</sup> visit:	<input type="checkbox"/> Yes		<input type="checkbox"/> Unknown	
27	Number of days of ART prescribed:	_____	<i>or</i>	<input type="checkbox"/> Missing	
28	4 <sup>th</sup> CTC visit date:	/ /	<i>or</i>	<input type="checkbox"/> Missing	<b>4<sup>th</sup> Recorded Visit During CommLink LSP</b>
29	CD4 recorded on 4 <sup>th</sup> visit:	_____	<i>or</i>	<input type="checkbox"/> Missing	
30	TB Screen on 4 <sup>th</sup> visit date:	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> Missing	
31	IPT on 4 <sup>th</sup> visit date:	<input type="checkbox"/> Ticked		<input type="checkbox"/> Missing	
32	CTX on 4 <sup>th</sup> CTC visit:	<input type="checkbox"/> Ticked		<input type="checkbox"/> Missing	
33	ART on 4 <sup>th</sup> visit:	<input type="checkbox"/> Yes		<input type="checkbox"/> Unknown	
34	Number of days of ART prescribed:	_____	<i>or</i>	<input type="checkbox"/> Missing	
35	5 <sup>th</sup> CTC visit date:	/ /	<i>or</i>	<input type="checkbox"/> Missing	<b>5<sup>th</sup> Recorded Visit During CommLink LSP</b>
36	CD4 recorded on 5 <sup>th</sup> visit:	_____	<i>or</i>	<input type="checkbox"/> Missing	
37	TB Screen on 5 <sup>th</sup> visit date:	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> Missing	
38	IPT on 5 <sup>th</sup> visit date:	<input type="checkbox"/> Ticked		<input type="checkbox"/> Missing	
39	CTX on 5 <sup>th</sup> CTC visit:	<input type="checkbox"/> Ticked		<input type="checkbox"/> Missing	
40	ART on 5 <sup>th</sup> visit:	<input type="checkbox"/> Yes		<input type="checkbox"/> Unknown	
41	Number of days of ART prescribed:	_____	<i>or</i>	<input type="checkbox"/> Missing	

<b>D. Abstracted Data from <i>Clinical Records</i> (Linkage Supervisor Only)</b>			Special Instructions
1	Records used for abstraction ( <i>tick all that apply</i> ): <input type="checkbox"/> Chronic Care File <input type="checkbox"/> Electronic Medical Record <input type="checkbox"/> Pre-ART Register <input type="checkbox"/> ART Register		
2	CTC Name:		
3	HIV Care No:		
4	Pre-ART Visit Date:	/ / <b>or</b> <input type="checkbox"/> Missing	
5	Pre-ART Number:		
6	Past TB Hx:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing	
7	ART Initiation Visit Date:	/ / <b>or</b> <input type="checkbox"/> Missing	
8	ART Number:		
<b>Note! For the following visits, record only those visits dated on or after the client started CommLink.</b>			
9	1 <sup>st</sup> CTC visit date:	/ / <b>or</b> <input type="checkbox"/> Missing	<b>1<sup>st</sup> Recorded Visit During CommLink LSP</b>
10	CD4 recorded on 1 <sup>st</sup> visit:	_____ <b>or</b> <input type="checkbox"/> Missing	
11	TB Screen on 1 <sup>st</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
12	IPT on 1 <sup>st</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
13	CTX on 1 <sup>st</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
14	ART on 1 <sup>st</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
15	Number of days of ART prescribed:	_____ <b>or</b> <input type="checkbox"/> Missing	
16	2 <sup>nd</sup> CTC visit date:	/ / <b>or</b> <input type="checkbox"/> Missing	<b>2<sup>nd</sup> Recorded Visit During CommLink LSP</b>
17	CD4 recorded on 2 <sup>nd</sup> visit:	_____ <b>or</b> <input type="checkbox"/> Missing	
18	TB Screen on 2 <sup>nd</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
19	IPT on 2 <sup>nd</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
20	CTX on 2 <sup>nd</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
21	ART on 2 <sup>nd</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
22	Number of days of ART prescribed:	_____ <b>or</b> <input type="checkbox"/> Missing	

**Section D Continued on Next Page...**

23	3 <sup>rd</sup> CTC visit date:	/ / <i>or</i> <input type="checkbox"/> Missing	<b>3<sup>rd</sup> Recorded Visit During CommLink LSP</b>
24	CD4 recorded on 3 <sup>rd</sup> visit:	_____ <i>or</i> <input type="checkbox"/> Missing	
25	TB Screen on 3 <sup>rd</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
26	IPT on 3 <sup>rd</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
27	CTX on 3 <sup>rd</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
28	ART on 3 <sup>rd</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
29	Number of days of ART prescribed:	_____ <i>or</i> <input type="checkbox"/> Missing	
30	4 <sup>th</sup> CTC visit date:	/ / <i>or</i> <input type="checkbox"/> Missing	<b>4<sup>th</sup> Recorded Visit During CommLink LSP</b>
31	CD4 recorded on 4 <sup>th</sup> visit:	_____ <i>or</i> <input type="checkbox"/> Missing	
32	TB Screen on 4 <sup>th</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
33	IPT on 4 <sup>th</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
34	CTX on 4 <sup>th</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
35	ART on 4 <sup>th</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
36	Number of days of ART prescribed:	_____ <i>or</i> <input type="checkbox"/> Missing	
37	5 <sup>th</sup> CTC visit date:	/ / <i>or</i> <input type="checkbox"/> Missing	<b>5<sup>th</sup> Recorded Visit During CommLink LSP</b>
38	CD4 recorded on 5 <sup>th</sup> visit:	_____ <i>or</i> <input type="checkbox"/> Missing	
39	TB Screen on 5 <sup>th</sup> visit date:	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> Missing	
40	IPT on 5 <sup>th</sup> visit date:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
41	CTX on 5 <sup>th</sup> CTC visit:	<input type="checkbox"/> Ticked <input type="checkbox"/> Missing	
42	ART on 5 <sup>th</sup> visit:	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
43	Number of days of ART prescribed:	_____ <i>or</i> <input type="checkbox"/> Missing	