

## Form 2: Partner & Family HIV Testing

**Instructions:** Complete this form for all CommLink clients.

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

**I. Disclosure & Support Assessment** *(Read questions below; tick the appropriate box.) Update questions 2 and 4 after each linkage session to document disclosure.*

Questions:	Response (tick)	Skip
1. Do you have a spouse or a regular partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," Skip to #3.

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
2. Have you disclosed your HIV status to your spouse or regular partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Do you have other family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," Skip to next page
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	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
4. Have you disclosed your HIV status to other family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to whom have you disclosed? (Tick all that apply)	<input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Children <input type="checkbox"/> Other	<input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Children <input type="checkbox"/> Other	<input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Children <input type="checkbox"/> Other	<input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Children <input type="checkbox"/> Other	<input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Children <input type="checkbox"/> Other	<input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Children <input type="checkbox"/> Other

**II. Partner HIV Testing History** (Read questions below if client has a spouse or regular partner)

Questions	Response (tick)	Skip
1. Has your spouse/regular partner ever tested for HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If "No/Unk," skip to #5
2. When was the last time he/she tested for HIV?	MM/YY: ____ / ____ <input type="checkbox"/> Unk	
3. What was his/her last HIV test result?	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Ind <input type="checkbox"/> Unk	If "Neg/Ind/Unk" skip to Question 5.
4. [If positive], is your partner currently in HIV care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If "Yes," skip to Section III.
5. Spouse or regular partner available for HIV testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If "Yes" or "Unk", skip to Section III.
6. Why is he/she not available for testing?	<input type="checkbox"/> Lives outside of Swaziland <input type="checkbox"/> Lives in remote area or other region <input type="checkbox"/> Currently traveling <input type="checkbox"/> Other (explain): _____	

Key: Pos = positive, Neg = Negative, Ind = Indeterminate, Unk = Unknown

**III. Other Persons Available for HIV Testing** (Explain your role in helping others test for HIV and enroll in HIV care. After explaining, ask these questions for all clients.)

Questions	Response	Skip
1. Other than your spouse or regular partner, how many other sexual partners have you had in the last 6 months?	#: _____	If zero, skip to #3
2. How many of these partners are available for HIV testing?	#: _____	
3. Other than your spouse or regular partner, how many other family members are available for HIV testing?	#: _____	If one or more, skip to #5
4. Why are no family members available for testing?	<input type="checkbox"/> Live outside of Swaziland <input type="checkbox"/> Live in remote area/region <input type="checkbox"/> Currently traveling <input type="checkbox"/> Other (explain): _____	
5. <u>Besides</u> partners or family members, how many other persons do you know have defaulted from HIV care or who may need testing.	Need Testing: _____    Defaulted: _____	

**IV. Testing Partners, Family Members, and Associates**

1. Client agrees with helping you contact a spouse, other family member or partner, or associate for testing?  Yes  No  N/A

#	Relation to Client (tick one)	Age (years)	Sex	Test Date	HTC Number	CommLink Program ID (if eligible <i>and</i> consenting)	Test Result
1	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Family member <input type="checkbox"/> Associate		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		□-□□-□□/□□-□□□□	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Ind <input type="checkbox"/> Unk
2	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Family member <input type="checkbox"/> Associate		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		□-□□-□□/□□-□□□□	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Ind <input type="checkbox"/> Unk
3	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Family member <input type="checkbox"/> Associate		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		□-□□-□□/□□-□□□□	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Ind <input type="checkbox"/> Unk
4	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Family member <input type="checkbox"/> Associate		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		□-□□-□□/□□-□□□□	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Ind <input type="checkbox"/> Unk
5	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Family member <input type="checkbox"/> Associate		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		□-□□-□□/□□-□□□□	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Ind <input type="checkbox"/> Unk

Key: Pos = positive, Neg = Negative, Ind = Indeterminate, Unk = Unknown

**V. Final Outcome:**

Complete this section once ALL partner, family, and associate testing efforts have been completed (*tick one*):

- All testing has been completed  Testing *not* conducted on any partner, family member, or associate