INDEX SEED FORM

Instructions: *Complete the form while interviewing the HIV positive Index client (Seed client). Keep in mind that the provision of information of friends, family and etc is optional. Clients should be encouraged but not forced to provide this information.*

Name of Facility: _____

Date: DD / MM / YYYY **Name of counsellor completing form:** _____ **Department:** _____ **Name of Index counsellor following up:** _____

Information about the SEED

Name and Surname: _____

CMIS/ART#: _____

Gender: ☐ Female ☐ Male **Age:** _____

Contact number/s: _____

Physical address: _____

Type of Index: ☐ Newly diagnosed HIV+ ☐ HVL client
☐ Returned to Treatment Client (RTT)

Column 1

Contact Info: ☐ Partner ☐ Family ☐ Associate

Name and Surname: _____

Gender: ☐ Female ☐ Male **Age:** _____

Contact number/s: _____

Physical address: _____

CMIS#: _____ ***Not reached:*** ☐ yes ☐ No

If no why: _____

Call outcome: ☐ Known HIV+ ☐ Known HIV+ not on ART
☐ Unknown ☐ Documented HIV- ☐ Eligible for Testing

HTS Results: ☐ Non-Reactive ☐ Reactive ☐ Incl

Column 2

Contact Info: ☐ Partner ☐ Family ☐ Associate

Name and Surname: _____

Gender: ☐ Female ☐ Male **Age:** _____

Contact number/s: _____

Physical address: _____

CMIS#: _____ ***Not reached:*** ☐ yes ☐ No

If no why: _____

Call outcome: ☐ Known HIV+ ☐ Known HIV+ not on ART
☐ Unknown ☐ Documented HIV- ☐ Eligible for Testing

HTS Results: ☐ Non-Reactive ☐ Reactive ☐ Incl

Column 3

Contact Info: ☐ Partner ☐ Family ☐ Associate

Name and Surname: _____

Gender: ☐ Female ☐ Male **Age:** _____

Contact number/s: _____

Physical address: _____

CMIS#: _____ ***Not reached:*** ☐ yes ☐ No

If no why: _____

Call outcome: ☐ Known HIV+ ☐ Known HIV+ not on ART
☐ Unknown ☐ Documented HIV- ☐ Eligible for Testing

HTS Results: ☐ Non-Reactive ☐ Reactive ☐ Incl

Column 4

Contact Info: ☐ Partner ☐ Family ☐ Associate

Name and Surname: _____

Gender: ☐ Female ☐ Male **Age:** _____

Contact number/s: _____

Physical address: _____

CMIS#: _____ ***Not reached:*** ☐ yes ☐ No

If no why: _____

Call outcome: ☐ Known HIV+ ☐ Known HIV+ not on ART
☐ Unknown ☐ Documented HIV- ☐ Eligible for Testing

HTS Results: ☐ Non-Reactive ☐ Reactive ☐ Incl