



IMPORTANT! This information is sensitive. Be sure to ask each person in private.
Keep this information private.


HEALTH (b)

Pregnant? YES NO

Might be pregnant? YES NO

Attending ANC? YES NO

Knows about PMTCT? YES NO



PSYCHOSOCIAL (b)

Boyfriend? YES NO

Older? YES NO N/A

Has had sex? YES NO

Sexually active now? YES NO

Older friends buy or give things? YES NO

Drug or alcohol use? YES NO

SAFETY

Violence? YES NO

Recent? N/A YES NO

Services? YES NO

Sexual violence? YES NO

Recent? N/A YES NO

Services? YES NO

Feels safe? YES NO

Signs of violence? YES NO

Referral needed for:

Social protection

Positive parenting

None needed

PSYCHOSOCIAL (a)

Someone in the family encourages? YES NO

Can talk to caregiver freely? YES NO

Has supportive friends or others outside home? YES NO

Sad, withdrawn or struggling emotionally? YES NO

INSIDE



IMPORTANT! HIV status is private information. Ask each person in private.
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HIV

No test needed

At risk, not tested

Tested, results not known

Tested, status known

Last test date?

HIV+ HIV-

Facing stigma? YES NO N/A, is HIV-

Attends HIV support group? YES NO N/A, is HIV-



N/A, is HIV- (this whole section)

Taking ART? YES NO Adhering?

Taking ART since?

Viral load? High Low Undetectable Don't know

Facility name or location?

Facility why?

Same as caregiver

Easy access

Close to home

Stigma or disclosure issue

Good care

Only option

Other :

Disclosed? YES NO

Mother

Father

Other caregiver

Sibling

Boyfriend/girlfriend

Friend

Neighbor

Teacher

Other :

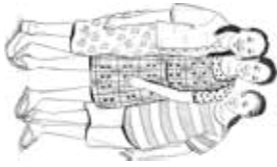
This document is design to be printed as spreads on A3 paper, and double sided.

There are two records here, one for adolescent girls, one for adolescent boys. The HIV and violence material is printed on one side, the other material is printed on the other side.

Once printed the pages should be trimmed to 420 mm X 210 mm.

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Finally, the records should be 2-hole punched along the folded edge (the top of the outer pages in the reader's orientation).



Birth certificate or national ID? YES NO

FEMALE

Age _____

NUTRITION

Eating at least 2 meals each day? YES NO

Eating well? YES NO

Nourish body? YES NO

SCHOOLING (a)

Enrolled? YES NO

Attends regularly? YES NO

Attend which school?

Primary _____

Secondary _____

Vocational training _____

University _____

Other : _____

ASSETS

Help your family *Tick all that apply*

Help with house chores Collect water or wood

Bring or make food

Take care of other younger children or child?

Work in fields Tend to animals

Other : _____

Hours each day doing these things? _____

Time to be with friends? YES NO

Earn extra money? YES NO

HEALTH (a)

3 days too sick or weak? YES NO

Seeks treatment when sick? YES NO

Signs of sickness? YES NO

DISABILITY

Disability or long-term illness (other than HIV)? YES NO

If yes, what?

Hearing Sight Mental

Speech Physical Albinism

Other : _____

Receiving services? N/A YES NO

SCHOOLING (b)

Ever attended? YES NO

Enrolled no longer attending? N/A YES NO

Progressing? N/A YES NO

School uniform? N/A YES NO

School books? N/A YES NO

Sanitary supplies? YES NO



PREVENTION

Knows about HIV? YES NO

Knows how to prevent HIV? YES NO

NOTES ABOUT THIS PERSON



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HEALTH (b)	PSYCHOSOCIAL (a)	PSYCHOSOCIAL (b)	SAFETY
Are you circumcised? <input type="radio"/> YES <input type="radio"/> NO	Someone in the family encourages? <input type="radio"/> YES <input type="radio"/> NO	Girlfriend? <input type="radio"/> YES <input type="radio"/> NO	Violence? <input type="radio"/> YES <input type="radio"/> NO
Do you want to know more about voluntary male circumcision? <input type="radio"/> YES <input type="radio"/> NO	Can talk to caregiver freely? <input type="radio"/> YES <input type="radio"/> NO	Older? <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO	Sexual violence? <input type="radio"/> YES <input type="radio"/> NO
Has supportive friends or others outside home? <input type="radio"/> YES <input type="radio"/> NO	Has had sex? <input type="radio"/> YES <input type="radio"/> NO	Sexually active now? <input type="radio"/> YES <input type="radio"/> NO	Recent? <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO
Sad, withdrawn or struggling emotionally? <input type="radio"/> YES <input type="radio"/> NO	Older friends buy or give things? <input type="radio"/> YES <input type="radio"/> NO	Drug or alcohol use? <input type="radio"/> YES <input type="radio"/> NO	Services? <input type="radio"/> YES <input type="radio"/> NO
			Feels safe? <input type="radio"/> YES <input type="radio"/> NO
			Signs of violence? <input type="radio"/> YES <input type="radio"/> NO
			Referral needed for: <input type="radio"/> Social protection <input type="radio"/> Positive parenting <input type="radio"/> None needed
			Services? <input type="radio"/> YES <input type="radio"/> NO

INSIDE



IMPORTANT! HIV status is private information. Ask each person in private.
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HIV	Facility name or location?	Disclosed?
No test needed <input type="radio"/> No test needed <input type="radio"/> At risk, not tested <input type="radio"/> Tested, results not known <input type="radio"/> Tested, status known	Facility name or location? Facility why? <input type="radio"/> Same as caregiver <input type="radio"/> Easy access <input type="radio"/> Close to home <input type="radio"/> Stigma or disclosure issue <input type="radio"/> Good care <input type="radio"/> Only option <input type="radio"/> Other :	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other caregiver <input type="radio"/> Sibling <input type="radio"/> Boyfriend/girlfriend <input type="radio"/> Friend <input type="radio"/> Neighbor <input type="radio"/> Teacher <input type="radio"/> Other :
Last test date? <input type="radio"/> HIV+ <input type="radio"/> HIV-	Facing stigma? <input type="radio"/> N/A, is HIV- <input type="radio"/> YES <input type="radio"/> NO	
<input type="radio"/> N/A, is HIV- (this whole section)	Attends HIV support group? <input type="radio"/> N/A, is HIV- <input type="radio"/> YES <input type="radio"/> NO	
Taking ART? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Adhering?	Viral load? <input type="radio"/> High <input type="radio"/> Low <input type="radio"/> Undetectable <input type="radio"/> Don't know	
Taking ART since?		

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PREVENTION

Knows about HIV? YES NO

Knows how to prevent HIV? YES NO

PREVENTION

NOTES ABOUT THIS PERSON

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4Children
Coordinating Comprehensive Care for Children



MALE FEMALE

Age _____

Birth certificate or national ID? YES NO

NUTRITION

Eating at least 2 meals each day? YES NO

Eating well? YES NO

Nourish body? YES NO

SCHOOLING (a)

Enrolled? YES NO

Attends regularly? YES NO

Attend which school?

Primary _____

Secondary _____

Vocational training _____

University _____

Other _____

ASSETS

Help your family *Tick all that apply*

Help with house chores Collect water or wood

Bring or make food

Take care of other younger children or child?

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Other : _____

Hours each day doing these things? _____

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Speech Physical Albinism

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Receiving services? N/A YES NO

SCHOOLING (b)

Ever attended? YES NO

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School uniform? N/A YES NO

School books? N/A YES NO

Sanitary supplies? YES NO

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