

Training Toolkit

HIV Care and Antiretroviral Treatment
Recording and Reporting System



FORMS

2006



**World Health
Organization**

Regional Office for South-East Asia
New Delhi

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Forms

HIV Care and ART Recording and Reporting System

Patient Record

Patient Booklet

Pre-ART Register

ART Register

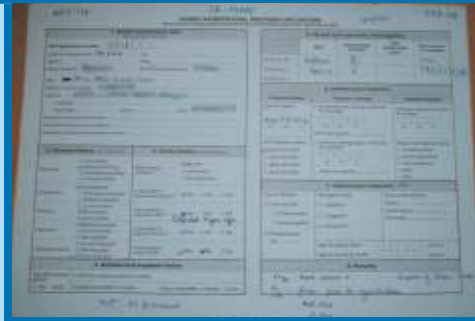
Drug Dispensing Register

Drug Stock Register

Monthly Report

Cohort Report

Patient Record



Patient Record



PATIENT HIV CARE and ANTIRETROVIRAL TREATMENT (ART) RECORD

(To be stored in a locked cabinet at the health centre and arranged serially by registration number)

1. Patient Identification Data (Write complete information)			
Registration Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> code clinic (2#)-code patient (4#)			
Name of Treatment Unit: <input type="text"/>		City: <input type="text"/> State/province: <input type="text"/>	
District: <input type="text"/>	State/province: <input type="text"/>		
Name of patient: <input type="text"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Age: <input type="text"/> (date of birth: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	dd / mm / yy		
Patient's phone number: <input type="text"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address: <input type="text"/>	District: <input type="text"/> State/province: <input type="text"/>		
City/village: <input type="text"/>	Distance from residence to clinic (km) <input type="text"/>		
Treatment supporter's name (if applicable) <input type="text"/>			
Treatment supporter's address: <input type="text"/>			
Treatment supporter's phone number: <input type="text"/>			
Date confirmed HIV+ test: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
dd / mm / yy			
Place: <input type="text"/>			
Entry point (services referring the patient for HIV care): <input type="checkbox"/> 1-VCT <input type="checkbox"/> 2-TB <input type="checkbox"/> 3-Outpatient			
<input type="checkbox"/> 4-Inpatient <input type="checkbox"/> 5-Paediatric <input type="checkbox"/> 6-PMCT <input type="checkbox"/> 7-STI <input type="checkbox"/> 8-Private <input type="checkbox"/> 9-NGO <input type="checkbox"/> 10-Self referred			
<input type="checkbox"/> 11-IDU outreach <input type="checkbox"/> 12-CSW outreach <input type="checkbox"/> 13-other <input type="text"/>			
<input type="checkbox"/> patient transferred in on ART from another HIV care/ART clinic from the national program			
Name previous clinic: <input type="text"/>		Date transferred in : <input type="text"/>	
2. Personal History (Tick one choice)		3. Family History (Tick one choice)	
Mode of HIV transmission	<input type="checkbox"/> 1 Commercial sex worker (CSW) <input type="checkbox"/> 2 Other heterosexual route <input type="checkbox"/> 3 Men having sex with men (MSM) <input type="checkbox"/> 4 Injecting drug use (IDU) <input type="checkbox"/> 5 Blood transfusion <input type="checkbox"/> 6 Mother to child <input type="checkbox"/> 7 Unknown	Marital status:	Estimated monthly household income:
For IDUs	<input type="checkbox"/> Y <input type="checkbox"/> N Substitution therapy <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/separate <input type="checkbox"/> Widowed <input type="checkbox"/> Not applicable	Family members: partner/children Age/sex HIV +/-/unknown ART Y/N Regist. No if in care
If yes, type:	<input type="checkbox"/> Literate <input type="checkbox"/> Employed <input type="checkbox"/> Alcoholism <input type="checkbox"/> Habitual <input type="checkbox"/> Social <input type="checkbox"/> No use	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Antiretroviral treatment history			
Was ART received before?	<input type="checkbox"/> Yes <input type="checkbox"/> No Drugs and duration: <input type="text"/>		
	<input type="checkbox"/> Earlier ART <input type="checkbox"/> PMTCT	<input type="checkbox"/> Private <input type="checkbox"/> Govt	Place: <input type="text"/>

* Performance scale: A- Normal activity; B- bedridden <50% of the day during last month; C- bedridden > 50% of the day during last month

5. Clinical and Laboratory Investigations						
Date (dd/mm /yy)	WHO stage	Weight (kg)	Height (cm)	Performance A/B/C*	Total lymphocyte count	CD4 count (or % in children)
At 1st visit in clinic						
At ART medical eligibility			child			
At start of ART			child			
At 6 months ART			child			
At 12 months ART			child			
At 24 months ART			child			
6. Antiretroviral Treatment						
Treatment Started <input type="checkbox"/> D4T30+3TC+NVP <input type="checkbox"/> D4T40+3TC+NVP <input type="checkbox"/> D4T30+3TC+EFV <input type="checkbox"/> D4T40+3TC+EFV <input type="checkbox"/> ZDV+3TC+NVP <input type="checkbox"/> ZDV+3TC+EFV						
Date	Substitution, switch or stop	Reason (code)	Date restart	New regimen		
Reasons SUBSTITUTE: 1 toxicity side effects, 2 pregnancy, 3 risk of pregnancy, 4 newly diagnosed TB, 5 new drug available, 6 drug out of stock, 7 other reason (specify) _____						
Reasons for SWITCH: 1 clinical treatment failure, 2 immunological failure, 3 virologic failure						
Reasons STOP: 1 toxicity side effects, 2 pregnancy, 3 treatment failure, 4 poor adherence, 5 illness hospitalization, 6 drug out of stock, 7 patient lack of finance, 8 patient decision, 9 planned treatment interruption, 10 others _____						
7. Tuberculosis treatment during HIV care						
Disease class (tick) <input type="checkbox"/> Pulmonary TB <input type="checkbox"/> Smear-positive <input type="checkbox"/> Smear-negative <input type="checkbox"/> Extrapulmonary site: _____		TB Regimen (tick) <input type="checkbox"/> Category I <input type="checkbox"/> Category II <input type="checkbox"/> Other specify: _____		TB registration District: _____ Health Centre: _____ TB number: _____		
Date start TB Rx: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		Treatment outcome: <input type="checkbox"/> Cure <input type="checkbox"/> Rx completed <input type="checkbox"/> Rx failure <input type="checkbox"/> Died <input type="checkbox"/> Default <input type="checkbox"/> Transfer out Date: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
dd / mm / yy		dd / mm / yy				
8. End of Follow-up						
<input type="checkbox"/> Death <input type="checkbox"/> Lost to follow-up (>3 months) <input type="checkbox"/> Transferred out		Date of death: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Date last visit: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		New clinic: <input type="text"/> dd / mm / yy		

9. Patient HIV care & Antiretroviral Treatment follow-up

Date of visit*	Date next visit	Weight (kg) & height for child	WHO stage	Performance scale*	pregnancy (y/n) or FP method*	opportunistic infections -code*	Drugs prescribed for prophylaxis of OIs	Antiretroviral drugs and dose prescribed	adherence to ART* - >95%, 80-95%, <80%	ART Side effects - code*	lab results when available	Condoms given y/n	Referred to specialist or hospital

***Instructions and codes:** Write the date of actual visit starting from the 1st visit for HIV care - ALL
 Dates: DD/MM/YY

Performance scale:
 A- Normal activity; B- bedridden <50% of the day during last month;
 C- bedridden > 50% of the day during last month

FP: family planning; 1 condoms, 2 oral contraceptive pills, 3 injectable/implantable hormones, 4 diaphragm/cervical cap, 5 intrauterine device, 6 vasectomy/tubal ligation/hysterectomy

Opportunistic infections: Enter one or more codes: Tuberculosis (TB); Candidiasis (C); Diarrhea (D); Cryptococcal meningitis (M); Pneumocystis Carinii Pneumonia (PCP); Cytomegalovirus disease (CMV); Penicilliosis (P); Herpes zoster (Z); Genital herpes (H); Toxoplasmosis (T); Other-specify

Adherence: Check adherence by asking the patient: if he/she has missed any doses. Also check the bottle/blister packet. Write the estimated level of adherence (e.g. >95% = < 3 doses missed in a period of 30 days; 80-95% = 3 to 12 doses missed in a period of 30 days; < 80% = > 12 doses missed in a period of 30 days)

Side effects: Enter one or more codes: S=Skin rash; Nau=nausea; V=Vomiting; D=Diarrhoea; N=Neuropathy; J=Jaundice; A=Anemia; F=Fatigue; H=Headache; Fev=Fever; Hyp=Hypersensitivity; Dep=Depression; P=Pancreatitis; L=Lipodystrophy; Drows=Drowsiness; O=Other? Specify

INFORMATION ABOUT ANTIRETROVIRAL DRUGS

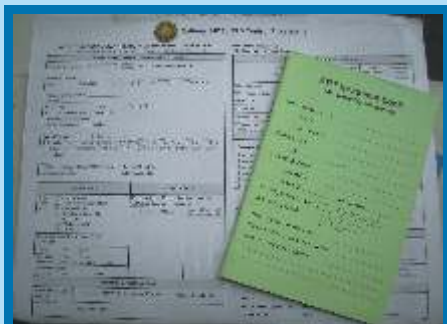
Regimen	Dose	Major Toxicity	Drug Substitution
D4T/3TC/NVP (Stavudine Lamuvidine Nevirapine)	<ul style="list-style-type: none"> ◆ d4T-3TC twice a day plus NVP 200 mg once a day for 2 weeks ◆ d4T-3TC-NVP Fixed dose combination twice a day if patient tolerates first 2 weeks of NVP ◆ d4T: 30 mg twice daily if <60kg, 40mg twice daily if >60 kgg 	<ul style="list-style-type: none"> ◆ d4T - related neuropathy or pancreatitis ◆ d4T -related lipoatrophy ◆ NVP -related severe hepatotoxicity ◆ NVP - related severe rash (but not life threatening) ◆ NVP -related life threatening rash (Stevens - Johnson syndrome) 	<ul style="list-style-type: none"> ◆ Substitute d4T to ZDV ◆ Substitute d4T to TDF or ABC ◆ Substitute NVP to EFV (except in pregnancy) ◆ Substitute NVP to EFV (except in pregnancy) ◆ Switch NVP to NFV
ZDV/3TC/NVP (Zidovudine Lamuvidine Nevirapine)	<ul style="list-style-type: none"> ◆ ZDV-3TC twice a day plus NVP 200 mg once a day for 2 weeks ◆ ZDV-3TC-NVP Fixed dose combination twice a day if patient tolerates first 2 weeks of NVP 	<ul style="list-style-type: none"> ◆ ZDV-related persistent GI intolerance or severe haemotological toxicity ◆ NVP-related severe hepatotoxicity ◆ NVP-related severe rash (but not life threatening) ◆ NVP-related life threatening rash (Stevens - Johnson syndrome) 	<ul style="list-style-type: none"> ◆ Substitute ZDV to d4T ◆ Substitute NVP to EFV (except in pregnancy. In this situation switch to NFV, LPV/r or ABC) ◆ Substitute NVP to EFV (except in pregnancy) ◆ Substitute NVP to NFV
D4T/3TC/EFV (Stavudine Lamuvidine Efavirenz)	<ul style="list-style-type: none"> ◆ d4T/3TC as twice daily fixed dose combination plus EFV (600 mg) once per day ◆ d4T: 30 mg twice daily if <60kg, 40mg twice daily if >60 kg 	<ul style="list-style-type: none"> ◆ d4T-related neuropathy or pancreatitis ◆ d4T-related lipoatrophy ◆ EFV-related persistent CNS toxicity 	<ul style="list-style-type: none"> ◆ Substitute d4T to ZDV ◆ Substitute d4T to TDF or ABC ◆ Substitute EFV to NVP
ZDV/3TC/EFV (Zidovudine Lamuvidine Efavirenz)	<ul style="list-style-type: none"> ◆ ZDV-3TC twice a day as a fixed drug combination plus EFV (600 mg) once per day 	<ul style="list-style-type: none"> ◆ ZDV-related persistent GI intolerance or severe hematological toxicity ◆ EFV-related persistent CNS toxicity 	<ul style="list-style-type: none"> ◆ Substitute ZDV to d4T ◆ Substitute EFV to NVP

ABC= Abacavir; d4T= Stavudine; EFV=Efavirenz; LPV=Lopinavir; NFV=Neftinavir
NVP= Nevirapine; TDF= Tenofovir; ZDV=Zidovudine; 3TC=Lamivudine

Patient Booklet



Patient Booklet



Antiretroviral Treatment Record

(To retained by the patient)

Name of treatment unit: _____

District : _____

State: _____

Patient's name: _____

Age: _____ Sex: _____

Patient's
photograph

Complete Address: _____

Village/town: _____

District: _____ State: _____

ART Registration number:

Date of enrollment for ART:
dd mm yy

Name of contact person/ guardian: _____

Phone number of contact person/guardian: _____

Address of contact person/guardian: _____

Clinical Notes

Date of visit:	
Chief Complaints:	Investigations
Clinical examination:	Treatment

Remember

- ◆ Bring this booklet at each follow-up visit
- ◆ Take all medicines without missing any dose
- ◆ Take all medicines at the right time
- ◆ Take the full dose of medicines. DO NOT share medicines with family or friends
- ◆ Regular treatment can help you gain weight, feel better and resume normal activities
- ◆ Stick to a healthy and responsible life-style
- ◆ Bring empty blister packets/bottle at each follow-up visit

In case of emergency, contact : _____

(Name, address and phone number
of hospital/health worker): _____

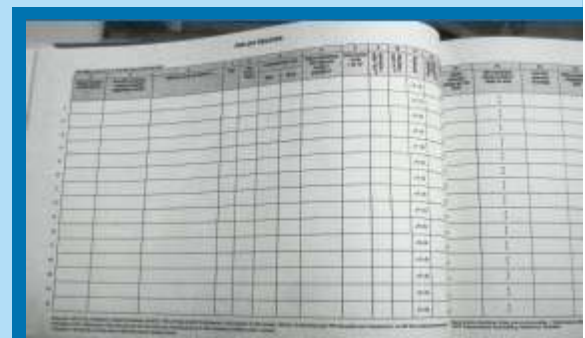
Come back on
(Write date of next appointment)

1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

Pre-ART Register



Pre-ART Register



HIV CARE- PRE ART REGISTER: Fill at first visit column 1 to 10										Fill when applicable column 11 to 16							
1	2	3	4	5	6		7	8	9	10	11	12	13	14	15	16	
DATE 1st visit at the clinic	Regis- tration number	Patient's name and address	Age	Sex M/ F	Confirmed HIV+ test		Entry point code 1 to 13*	risk factor code 1to7**	Literate	Employed	CPT Date Start	TB treatment Class/Regimen Date of start	DATE medically eligible for ART	Why medically eligible?	DATE ART started	End of follow-up before ART Date lost to FU (last visit)	Date transfer red out
1					Date	Place			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
2									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
3									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
4									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
5									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
6									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
7									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
8									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
9									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
10									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
11									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
12									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
13									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
14									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			
15									<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				WHO stage CD4 #/% TLC#			

*Entry point: 1-VCT; 2-TB; 3-Outpatient; 4-Inpatient; 5-Paediatric; 6-PMTCT; 7-STI; 8-Private; 9-NGO; 10-Self referred; 11-IDU outreach; 12- CSW outreach; 13-other -
Write code TR if the patient was transferred in on ART
 **Mode of HIV transmission: 1-Commercial sex worker (CSW), 2-Other heterosexual route, 3-Men having sex with men (MSM), 4-Injecting drug use (IDU), 5-Blood transfusion, 6-Mother to child, 7-Unknown
 CPT: Cotrimoxazole preventive therapy

ART Register



ART Register



ART REGISTER

Month:

Year:

DATE of start of ART	Registration number	Patient's first name and surname	Age	Sex M/ F	Patient's address and contact number	Treatment supporter's name and contact number	Prior ARV history	WHO stage at start of Rx	performance scale^ A-normal activity B-bedridden<50% C-bedridden>50%	Weight^ (kg and height)	CD4 count^ (absolute number for adults and % for children)	TB treatment during ART Disease, Category, Regimen Date Rx start	ART regimen started
1							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
2							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
3							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
4							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
5							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
6							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
7							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
8							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
9							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		
10							<input type="checkbox"/> Y <input type="checkbox"/> N		At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.	At start At 6 mo. At 12 mo. At 24 mo.		

^Performance scale-weight-CD4 at start, 6, 12, 24 months of treatment - Height: at start for adults, at start, 6, 12, 24 months for children

* Reasons for substitution within first line treatment: 1-toxicity or side effects; 2-pregnancy;3-risk of pregnancy; 4-newly diagnosed TB; 5-new drug available; 6-drug out of stock; 7-other reasons

**Reasons for switching to second line treatment:1-toxicity or side effects; 2-pregnancy; 3-risk of pregnancy; 4-newly diagnosed TB; 5-new drug available; 6-drug out of stock; 7-other reason; 8-

Reasons for stopping ART: 1- toxicity side effects; 2-pregnancy; 3-treatment failure; 4-poor adherence; 5-illness hospitalisation; 6-drug out of stock; 7-lack of finance; 8-patient's decision to stop;

Drug Dispensing Register



Drug Dispensing Register



Antiretroviral Drug Dispensing Register

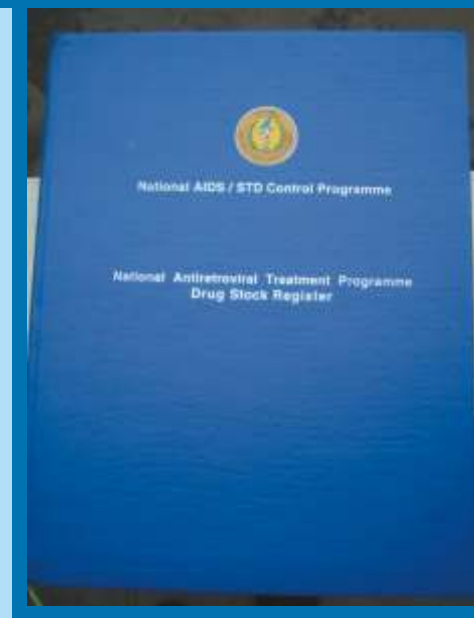
(Maintain a separate page for each day)

Date: ____ / ____ / ____

Reg. No.	Patient's name	Number of tablets dispensed (list to be adapted according to the drugs available)										Patient's signature
		D4T 30mg/3TC/NVP	D4T 40mg/3TC/NVP	ZDV/3TC	D4T 30mg/3TC	D4T 40mg/3TC	Nevirapine	Efavirenz	Other specify	Other specify	Other specify	
Total tablets dispensed												

Signature of the pharmacist/drug dispenser: _____

Drug Stock Register

The image shows an open book with two pages of a drug stock register. The pages are filled with a grid of data, including columns for drug names, quantities, and other details. The text is small and difficult to read, but the layout is clearly a structured table.

Drug Stock Register

Antiretroviral Drug Stock Register

(Maintain a separate page for each drug)

Name of the drug _____

Date	Opening Stock	Stock received	Stock dispensed	Stock expired/ discarded	Balance stock

Total tablets dispensed

Stock at the start of the month (A):	Stock dispensed during the month (C):
Stock received during the month (B):	Stock expired/discarded during the month (D):
Stock at the end of the month (A+B) – (C+D):	

Monthly Report

Monthly
Report

Monthly HIV care/Antiretroviral treatment (ART) Centre Report

1. Name of the Treatment Unit _____
2. Name of the District _____
3. Name of the State/province _____
4. Name of the Treatment Unit incharge _____
5. Report for the period month year

A- MEDICAL CARE

6. Enrollment in HIV care (PLWHA seeking care at the treatment center)	adult male	adult female	child.<14 yo	total
6.1 Cumulative no. of patients ever enrolled in HIV care at beginning of this month				
6.2 New patients enrolled in HIV care during this month				
6.3 Cumulative no. of patients ever enrolled in HIV care at the end of this month				
7. Medical eligibility for ART*	adult male	adult female	child.<14 yo	total
7.1 No. of patients medically eligible for ART but have not been started on ART at the end of this month				
8. Enrollment on ART	adult male	adult female	child.<14 yo	total
8.1 Cumulative no. of patients ever started on ART at the beginning of this month				
8.2 New patients started on ART during this month				
8.3 No. of patients on ART transferred in this month				
8.4 Cumulative no. of patients ever started on ART at the end of this month				
9. outcomes on ART	adult male	adult female	child.<14 yo	total
9.1 Cumulative no. of death reported at the end of this month				
9.2 Cumulative no. of patients transferred out under ARV at the end of this month				
9.3 No. of patients missing/lost to follow-up at the end of this month				
9.4 No. of patients stopping ART at the end of this month				
9.5 No. of patients on ART at the end of this month				
◆ 9.5.1 Among them, no. on original 1st line regimen				
◆ 9.5.2 No. on substituted 1st line regimen				
◆ 9.5.3 No. switched on 2nd line regimen				

* refers to the medical eligibility on clinical and/or laboratory criteriae, whether or not the patient is ready for ART

10. TREATMENT ADHERENCE	Total
10.1. No. of patients assessed for adherence during this month	
10.2. Of those assessed for adherence, level of adherence in the last month	
10.2.1. < 3 doses missed in a period of 30 days	> 95%
10.2.2. =3 to 12 doses missed in a period of 30 days	80-95%
10.2.3. >12 doses missed in a period of 30 days	<80%

Cohort Report

Cohort
Report

Report on treatment outcomes for cohorts on ART

Facility:

cohorts are defined by the month year patients started ART

to be continued for each monthly cohort...

	Cohort Jan 04	6 mo- July04	12 mo- Jan 05	24 mo- Jan 06	Cohort Feb 04	6 mo- Aug 04	12 mo- Feb 05	24 mo- Feb 06	Cohort Mar 04	6 mo- Sept 04	12 mo- Mar 05	24 mo- Mar 06
G	For cohort starting ART by month/year: at baseline then results at 6 months on ART, 12 months on ART, 24 months on ART											
TI	Started on ART in this clinic- original cohort											
	Transfers In Add +											
TO	Transfers Out Subtract -											
N	Net current cohort											
H	On Original 1st Line Regimen											
I	On Alternate 1st Line Regimen (Substituted)											
J	On 2nd Line Regimen (Switched)											
S	Stopped											
D	Died											
F	Lost to Follow-up											
A	Number alive and on ART [N - (S+D+F)]											
	Percent of cohort alive and on ART (A/N*100)											
	CD4 median or proportion >200/ among patients controlled for CD4											
	Performance scale/ out of "A"											
	A Proportion normal activity											
	B Proportion bedridden <50%											
	C Proportion bedridden >50%											
	Number of persons who picked up ARVs each month for 6/6, 12/12 or 24/24 months/ out of "A"											



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