

CONSOLIDATED GUIDELINES ON
**PERSON-CENTRED
HIV PATIENT MONITORING
AND CASE SURVEILLANCE**

ANNEX 2.3.3
COMMUNITY-BASED ART TOOL

JUNE 2017

Annex 2.3.3 Community-based ART tool

Facility name:
CHW name:

Date register started:

District:
CHW contact number:

Date register completed:

CHW village:

CHW district:

Complete once and update as necessary							ART - check at each visit and complete as necessary												Signs and symptoms - check at each visit and complete as necessary			
							Update with change in regimen															
Unique ID	First name	Last name	Phone number	Address	Moved out of CHW catchment area <small>(date, to where)</small>	Date died	Visit date	Date started	ARV regimen	# pills remaining	Date dispensed	# pills dispensed	Date of next refill	Treatment interruption dates	Treatment interruption reason(s)*	TB symptoms (Y/N)**	Other problems ***	Pregnant (P)/on family planning (FP)	Refer date <small>(refer if TB, other problems or pregnant)</small>			
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Each client may be one register page

*Treatment interruption reasons: 1. Severe illness/hospitalization; 2. Drugs out of stock; 3. Patient lacks finances; 4. Poor adherence; 5. Other (specify)

**Assess TB symptoms at every visit, and refer for testing and treatment if any symptoms present: 1. current cough; 2. fever; 3. weight loss; 4. night sweats

***Other problems: 1. ankle swelling; 2. puffiness of the face; 3. breathlessness; 4. diarrhoea >2 weeks; 5. severe headache (source: SAMUMSF.org)