EXAMPLE ONLY

Malawi Ministry of Health

PrEP Visit Log Page 1

QR code here

PrEP Delivery Points

Code	Facility
2	ANC
4	STI
11	OPD
12	Other (DIC, etc.)
20	Family Planning

Code	Community
15	Mobile
17	Other
21	Outreach

Book Number 123

Page Number 123

ScanForm qed

MW-PrEP Visit Log v3.2

Data Matrix ID here

Client Details

Row No.	Full Name, Phone Number
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Row No.	Visit Date* 123 (Write year (yy) here. Write day (dd) and month (mm) in the rows below. yyyy: 2 0)	Visit Details: Delivery Point* 123	PrEP Registration ID* (Copy from the PrEP register, or the client's Health Passport) D4E: Program, Book, Record, Check (P R P)	HTS Link ID* (Copy from the integrated initial testing register, or the client's Health Passport) D4E: Program, Book, Page, Row, Check (H T S)	Sex/Pregnancy* ONE: M, F NP, FP, FBf	Age* 123	Readiness Assessment: BP* 123: sys, dias	Height* 123: cm	Weight* 123: kg	Kidney Risk* Factors ONE: Yes, No, ND
1	dd mm									
2										
3	dd mm									
4										
5	dd mm									
6										
7	dd mm									
8										
9	dd mm									
10										
11	dd mm									
12										
13	dd mm									
14										
15	dd mm									

EXAMPLE ONLY

EXAMPLE ONLY

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PrEP Visit Log Page 2

QR code here

Book Number 123

Page Number 123

Discard Right & Left Page

Photo Taken

INSTRUCTIONS

Filling out
- Cross an oval with an X.
- Use square boxes for numbers and letters.
- Write exactly one letter /digit in one box. Use CAPITAL letters.
- Questions marked with an asterisk * are mandatory.

Correcting Mistakes
- When you make a mistake in, shade it and write the correct answer close to it. Below a mistake is corrected to "W".

W → T O

ScanForm qed

MW-PrEP Visit Log v3.2

Data Matrix ID here

Row No.	Liver Risk* Factors ONE: Yes, No, ND	STI Screening* ONE: Pos, Neg, ND	Side Effects* ONE (If yes, specify in comments. Submit Suspected Adverse Drug Reaction Form.): Yes, No, NA	PrEP Given*: Injectable PrEP ONE: CAB-LA, LEN; Oral PrEP: LEN Tablets 123, TDF/3TC 123; Oral PrEP Intention: Continuous, Once Before, Event Driven (ED), Other; None	Condoms Given*: Condoms Male 123, Condoms Female 123	Contraception Assessment* ONE: On effective FP, No FP Need, FP provided Here Today, FP needed but Not Provided	Visit Outcome* ONE: Start / Continue PrEP: At This Facility, T.O.; Stop PrEP (despite anticipated substantial risk): Quit, Side Effects; Stop PrEP (no more need): Low Risk, HIV +; Died	Next appointment and Outcome Date 123: dd mm yy	Implementation Error: IE	Comments (OPT)	Discard Row: Discard
1	Yes No ND	Pos Neg ND	Yes No NA	CAB-LA LEN		On effective FP No FP Need FP Here Today Needed FP: Not Provided	At This Facility T.O. Quit Side Effects Low Risk HIV + Died	dd mm yy	IE		Discard
2											
3	Yes No ND	Pos Neg ND	Yes No NA	CAB-LA LEN		On effective FP No FP Need FP Here Today Needed FP: Not Provided	At This Facility T.O. Quit Side Effects Low Risk HIV + Died	dd mm yy	IE		Discard
4											
5	Yes No ND	Pos Neg ND	Yes No NA	CAB-LA LEN		On effective FP No FP Need FP Here Today Needed FP: Not Provided	At This Facility T.O. Quit Side Effects Low Risk HIV + Died	dd mm yy	IE		Discard
6											
7	Yes No ND	Pos Neg ND	Yes No NA	CAB-LA LEN		On effective FP No FP Need FP Here Today Needed FP: Not Provided	At This Facility T.O. Quit Side Effects Low Risk HIV + Died	dd mm yy	IE		Discard
8											
9	Yes No ND	Pos Neg ND	Yes No NA	CAB-LA LEN		On effective FP No FP Need FP Here Today Needed FP: Not Provided	At This Facility T.O. Quit Side Effects Low Risk HIV + Died	dd mm yy	IE		Discard
10											
11	Yes No ND	Pos Neg ND	Yes No NA	CAB-LA LEN		On effective FP No FP Need FP Here Today Needed FP: Not Provided	At This Facility T.O. Quit Side Effects Low Risk HIV + Died	dd mm yy	IE		Discard
12											
13	Yes No ND	Pos Neg ND	Yes No NA	CAB-LA LEN		On effective FP No FP Need FP Here Today Needed FP: Not Provided	At This Facility T.O. Quit Side Effects Low Risk HIV + Died	dd mm yy	IE		Discard
14											
15	Yes No ND	Pos Neg ND	Yes No NA	CAB-LA LEN		On effective FP No FP Need FP Here Today Needed FP: Not Provided	At This Facility T.O. Quit Side Effects Low Risk HIV + Died	dd mm yy	IE		Discard

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