HIV Care/ ART Clinic Intake form

E. SOCIAL ASSESSMENT

Health Facility Name:______________________ Date:____/____/____

PATIENT IDENTIFICATION

Name: ______________ Father's Name:______________ Grandfather's Name:______________

ART Unique ID No.: ______________ Patient Card No.: ________/________

EMPLOYMENT

Current employment: o Working full time o Working part-time o Not working /Studying due to ill health o Unemployed

Other (Specify): ______________

Employer's Name ______________ Department ______________ Position ______________

Does/Did illness affect ability to carry out this employment/study? o Yes o No If yes how often ______________

If No is there any impact due to illness? ______________

LIVING CONDITIONS

Home: Number of rooms ______________ o Running water o Electricity

Number of people in the household ______________

RELIGIOUS/SUPPORTIVE CARE

Religious conviction

o Muslim o Orthodox o Protestant o Catholic o Other

Spiritual caregiver ______________

Community Support/HIV support groups o Yes o No

DISCLOSURE

Does anyone else know about your HIV Status?

Family o Wife/Husband o Own Child (ren) o Parents (s) o Brothers(s)/Sister(s)

Others o Relatives o Friends

FAMILY MEMBERS – SPOUSE

Condition of wife/husband: o Healthy o Chronic Ill o Dead o Unknown

HIV tested Result o Not Asked o Negative o Positive o Unknown

TB Result o Not Asked o Negative o Positive o Unknown

Was/Is on ARV treatment Yes o No o **Was/Is on TB treatment** Yes o No o

FAMILY MEMBERS – CHILDREN

Number of children alive _____ Number HIV tested_____ Number positive ____ Number chronically ill ____

Number of children died _____ Number HIV tested_____ Number positive ____ Number were chronically ill ____

ISSUES/CONCERNS INDENTIFIED

General

- o Concerns about financial issue within the family
- o Concerns about the children
- o Concerns regarding marital relationship
- o Concerns regarding family relations
- o Bereavement/grief
- o HIV status disclosure concerns
- o Adherence to treatment concerns
- o Dietary Problems
- o Other concerns