



Zambia Digital Health Community Project (ZDCHP)

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**FORM NAME : KNOWN\_POSITIVE\_FORM\_1**

**SERVICE DATE :**

**TAKEN SEPTRIN [Y/N] :**

**FROM WHEN YOU ARE TAKING SEPTRIN [DATE] :**

**ARE YOU TAKING ART [Y/N] :**

**OTHER MEDICATION ALONG ART [Y/N] :**

**DO YOU HAVE MEDICATION FOR 1 WEEK [Y/N] :**

**VIRAL LOAD TEST DONE [Y/N] :**

**IS VIRAL SUPPRESSED [Y/N] :**

**UNPROTECTED SEX IN LAST 6 MONTHS [Y/N] :**

**IS PARTNER HIV POSITIVE [Y/N] :**

**NAME OF PARTNER [Y/N] :**

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**FORM NAME : KNOWN\_POSITIVE\_FORM\_2**

**PHONE NUMBER OF PARTNER [Y/N] :**

**ADDRESS OF PARTNER [Y/N] :**

**LMP DATE [Y/N] :**

**ARE YOU PREGNANT [Y/N] :**

**ARV TAKEN DURING PREGNANCY OR BREASTFEEDING [Y/N] :**

**STOPPED ART DUE TO SIDE EFFECTS [Y/N] :**

**HAVE YOU TAKEN ARV IN THE PAST [Y/N] :**

**WHERE DID YOU RECEIVE ARV FROM :**