Nigeria PNS Partner Follow-Up Worksheet (Partner ___)

Instructions: Use this worksheet to track every attempted contact with the partner. Section 1 allows you to indicate the date and type of attempted contact, up to three attempts. After three attempts to notify the partner, partner may be considered “lost to follow-up”. If you are successful in contacting the partner within three attempts, then go on to complete Section 2, Partner Notification Outcomes. Print as many forms as needed for the number of partners listed on 101_ICI_PNS. Transfer this information to the 404_PNS Register, once complete.

Index Client ID number: ____________

Date of Index Client Enrollment in PNS: _____/_____/_20_________ Name of provider doing follow-up: ________________________________

Role of provider doing follow-up: □ HTS provider □ Linkage provider □ Peer Educator □ ART provider/nurse
□ Other clinical provider (describe: ________________________________)

Partner 1 Name: ____________________________ Partner 1 ID: ____________

Notification Initially Selected: □ Passive/Client Referral □ Provider-Assisted □ Contract □ Dual □ Household Referral

Changes to Notification Method (describe): ________________________________________________

Section 1: Partner Notification Attempts (PARTNER ___)

Date of first follow-up with partner 1: _____/_____/_20_________
Type of contact: □ In-person discussion (Index Client) □ Phone Call (Index Client)
□ In-person discussion (Provider) □ Phone Call (Provider)
□ Other (describe): __________________________________________

Date of second follow-up with partner 1: _____/_____/_20_________
Type of contact: □ In-person discussion (Index Client) □ Phone Call (Index Client)
□ In-person discussion (Provider) □ Phone Call (Provider)
□ Other (describe): __________________________________________

Date of third follow-up with partner 1: _____/_____/_20_________
Type of contact: □ In-person discussion (Index Client) □ Phone Call (Index Client)
□ In-person discussion (Provider) □ Phone Call (Provider)
□ Other (describe): __________________________________________

Section 2: Partner Notification Outcomes (PARTNER ___)

Partner 1 Received HTS: □ Yes □ No

If no, select reason: □ Known HIV-positive □ Tested HIV-negative in last 6 weeks □ Refused to test
□ Not successfully contacted □ Agreed but never came for HTS
□ Other (describe): __________________________________________

If yes, date of HTS: _____/_____/_20_________ Result of HTS: □ HIV-positive □ HIV-negative □ Indeterminate

If HIV-positive, successfully linked with/enrolled in HIV care and treatment? □ Yes □ No
Which facility? ________________________________________________

If HIV-positive, agreed to PNS? □ Yes □ No Assigned Index Client ID for PNS: ____________

If negative, discordant couple? □ Yes □ No Received discordant couple services? □ Yes □ No

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