COHORT: Year __________ Month_______

National Care and Treatment ART Register

Registration and personal information							Status at start ARV						Fill when applicable					1st-line regimen				2nd-line regimen		
																			Substitutions			Switches/Substitutions		
Date start ARV	Unique CTC ID Number	Why eligible *(Transfer in)*	Health Facility File Number	Name *First Name, Middle Name Last Name*	Sex	Age/ DOB if <5	Func-tional status	Prior ARV	Weight	Child Height/ length	WHO clinical stage	CD4 #/%	INH *Start date Stop date*	TB Rx *Start date Stop date*	CTX *Start date Stop date*	If Pregnant, *write in EDD*	Referred to	Original regimen	New Regimen	Reason	Date	New Regimen	Reason	Date

Why eligible:

1 = Clinical only
2 = CD4 / % only
3 = Both Clinical & CD4
4 = Pregnancy
5 = Breast Feeding

Funtional status:

Work
Ambulatory
Bedridden

Prior ARV exposure:

1 = NONE
2 = PRIOR THERAPY (transfer in without records)
3 = PMTCT MONOTHERAPY
4 = PMTCT COMBINATION THERAPY
5 = PEP

Referred to:

1= PMTCT
2= HBC
3= PLHA SUPPORT GROUP/CLUB
4= ORPHAN AND VULNERABLE CHILDREN GROUP
5= MEDICAL SPECIALITY
6= NUTRITIONAL SUPPORT
7= LEGAL
8= TB clinic
9= FP services
10=OTHER (SPECIFY)

Reasons for substitution, switch or stop

(adverse events)

110 = START TB TREATMENT
111 = NAUSEA / VOMITING
112 = DIARRHOEA
113 = HEADACHE
114 = FEVER
115 = RASH
116 = PERIPHERAL NEUROPATHY
117 = HEPATITIS
118 = JAUNDICE
119 = DEMENTIA
120 = ANAEMIA
121 = PANCREATITIS
122 = CNS ADVERSE EVENT
123 = OTHER ADVERSE EVENT (SPECIFY)

Reasons for substitution, switch or stop (others)

141 = POOR ADHERENCE
142 = PATIENT DECISION
143 = PREGNANCY
144 = END OF PMTCT
148 = STOCK OUT
149 = OTHER REASON (SPECIFY)
151 = RESTART ARV AFTER 3 OR MORE MONTHS NOT ON ARV

Reasons for switch 2nd - line regimen:

131 = TREATMENT FAILURE, CLINICAL
132 = TREATMENT FAILURE, IMMUNOLOGICAL

ART register **TO THE UPPER CELL WRITE ARV REGIMEN CODE OR THE ART TREATMENT INTERRUPTION, TO THE LOWER CELL TICK IF TB SCREENING IS DONE**

Write in month and year																																	
Month 0	Month 1	2	3	4	5	6				7	8	9	10	11	12				13	14	15	16	17	18	19	20	21	22	23	24			
							Function	Wt	CD4 #/%							*Function*	Wt	CD4 #/%													*Function*	Wt	CD4 #/%

1st-line regimens:

1g-A	TDF, 3TC , EFV	
1b-A	AZT, 3TC, NVP	1b-P
	ABC, 3TC, LPV/r	1n-P
1c-A	AZT, 3TC, EFV	1c-P
1e-A	TDF, FTC, EFV	
1f-A	TDF, FTC, NVP	
1h-A	TDF, 3TC, NVP	
1k-A	ABC, 3TC, EFV	1k-P
1m-A	ABC, 3TC, NVP	1m-P
1a-A	d4T, 3TC, NVP	1a-P
	d4T, 3TC, EFV	1d-P
1x-A	Other 1st Line	1x-P

2nd-line regimens:

2f-A	TDF, FTC, LPV/r	
2h-A	TDF, FTC, ATV/r	
2s-A	AZT, 3TC, ATV/r	
2g-A	ABC, 3TC, LPV/r	2g-P
2e-A	TDF, 3TC, LPV/r	
2k-A	ABC, 3TC, ATV/r	
2m-A	TDF, 3TC, ATV/r	
2n-A	AZT, 3TC, LPV/r	2n-P
	AZT, 3TC, EFV	2t-P
2x-A	Other 2nd line	2x-P

PMTCT Prophylaxis

5a	AZT
5b	AZT, 3TC, NVP
5c	AZT, 3TC

Follow - up status

MISSAPP = 1 OR 2 missing APPOINTMENTS
LTF = LOST TO FOLLOW-UP (Not seen for 3 or more months since last scheduled appointment [ART patients], OR 3 or more missing appointments [pre-ART patients] with 2 attempts to follow-up)
TO = TRANSFER OUT; if TO, to where?
DEAD = PATIENT DIED
OPT OUT = PATIENT OPTED OUT

COHORT: Year __________ Month_______ **TO THE UPPER CELL WRITE ARV REGIMEN CODE OR THE ART TREATMENT INTERRUPTION, TO THE LOWER CELL TICK IF TB SCREENING IS DONE**

Write in month and year

Date start ARV	Unique CTC ID Number	25	26	27	28	29	30	31	32	33	34	35	36				37	38	39	40	41	42	43	44	45	46	47	48			
														Function	Wt	*CD4 #/%*													*Function*	Wt	*CD4 #/%*

Functional status:
Work
Ambulatory
Bedridden

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1g-A	TDF, 3TC , EFV	
1b-A	AZT, 3TC, NVP	1b-P
	ABC, 3TC, LPV/r	1n-P
1c-A	AZT, 3TC, EFV	1c-P
1e-A	TDF, FTC, EFV	
1f-A	TDF, FTC, NVP	
1h-A	TDF, 3TC, NVP	
1k-A	ABC, 3TC, EFV	1k-P
1m-A	ABC, 3TC, NVP	1m-P
1a-A	d4T, 3TC, NVP	1a-P
	d4T, 3TC, EFV	1d-P
1x-A	Other 1st Line	1x-P

2nd-line regimens:

2f-A	TDF, FTC, LPV/r	
2h-A	TDF, FTC, ATV/r	
2s-A	AZT, 3TC, ATV/r	
2g-A	ABC, 3TC, LPV/r	2g-P
2e-A	TDF, 3TC, LPV/r	
2k-A	ABC, 3TC, ATV/r	
2m-A	TDF, 3TC, ATV/r	
2n-A	AZT, 3TC, LPV/r	2n-P
	AZT, 3TC, EFV	2t-P
2x-A	Other 2nd line	2x-P

PMTCT Prophylaxis

5a AZT
5b AZT, 3TC, NVP
5c AZT, 3TC

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Write in month and year																													
49	50	51	52	53	54	55	56	57	58	59	60				61	62	63	64	65	66	67	68	69	70	71	72			
												Function	Wt	*CD4 #/%*													*Function*	Wt	*CD4 #/%*

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(adverse events)

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1h-A	TDF, 3TC, NVP	
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	AZT, 3TC, EFV	2t-P
2x-A	Other 2nd line	2x-P

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5b AZT, 3TC, NVP
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