**FACET Enrolled Caregivers – Child HIV Testing**

(to be on the FACET Dashboard/instance after the child/adult consent into FACET)

1. Has your child ever been tested for HIV?

□ Yes à Go to question **3**

□ No à Go to question **2**

□ Don’t know

1. What is the reason your child has never been tested for HIV?

 Not applicable

  Mother or caregiver have not yet sought to clinic

  Mother or caregiver went to the clinic but could not get a booking

* Health worker responsible for testing not available

  Child’s father does not want child to be tested

  Family other than child’s father does not want child to be tested

  Mother or caregiver work constraints

  Mother or caregiver did not have transport fare to go to clinic for testing

  HIV Testing kits not available

  Mother or caregiver forgot and did not take child for testing

  Diagnostic machines not working

* No apparent reason

  Other, (specify on text box)

1. Was your child tested for HIV at their 6-week visit?

□ Yes à Go to question **4**

□ No à Go to question **5**

□ Don’t know

1. Have you received the results of this test?

 Yes (go to question 5)

 No (got to question 6)

1. What was your child’s HIV test result at 6 weeks?

□ HIV-Positive à Should be taken off-study

□ HIV-Negative à Go to question **8**

□ Don’t know/Indeterminate

1. If you have never received the HIV test results for 6 weeks,why?
   * 1. Results still pending
     2. Clinic misplaced the results
     3. Parent misplaced the results
     4. Results never collected
     5. Any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where would you love to test your child at
   * 1. Local clinic
     2. FACET study
     3. No, I do not want to test my child
3. If your child was not tested for HIV at their 6-week visit, what was the reason?

 Not applicable

  Mother or caregiver have not yet sought to clinic

  Mother or caregiver went to the clinic but could not get a booking

* Health worker responsible for testing not available

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  Diagnostic machines not working

* No apparent reason

  Other, (specify on text box)

1. Have you ever breastfed your child?

□ Yes

□ No

□ Don’t know

1. Are you currently still breastfeeding your child?

□ Yes à end CRF

□ No 🡪 Go to question **8**

□ Don’t know

1. If you already stopped breastfeeding your child, how old was your child when you stopped breastfeeding?

□ Older than 6 weeks

□ Under 6 weeks

□ Don’t know

*Not for study nurse: If child has not been tested for HIV in accordance to national guidelines, FACET nurse conduct HIV testing on child.*

CHILD’S HIV PENDING RESULTS

1. When was the child tested

(calenda, date)

1. Where was the child tested

(automated FACET CLINIC RESPONSE when the participant opted to test within the FACET clinic but if not open text)

1. What was the child’s results

Negative

Positive

Indeterminate