**APPENDIX 2. Therapeutic Prevention Clinic (TPC) human immunodeficiency virus (HIV) Post-exposure Prophylaxis Registry Form (to be completed on completion or cessation of post-exposure prophylaxis)**

1. **TPC code:** ____________
   **Date:** ___/___/___ (dd/mm/yyyy)

2. **Source person factor***
   - □ 1. HIV positive (go to question 3)
   - □ 2. HIV negative (go to question 4)
   - □ 3. HIV status pending (go to question 4)
   - □ 4. HIV status unknown (go to question 4)

3. **Information on HIV status of source person**
   a. Stage of infection
      - □ 1. AIDS (acquired immunodeficiency syndrome)
      - □ 2. Symptomatic infection
      - □ 3. Asymptomatic infection
      - □ 4. Unknown
   b. Latest CD4 count ________/µL
      **Date:** ___/___/___ (dd/mm/yyyy)
   c. Latest viral load ________ copies/mL
      **Date:** ___/___/___ (dd/mm/yyyy)
   d. Plasma viral load by what test
      - PCR/bDNA/NASBA/others (specify)
   e. Current antiretrovirals (ART) taking by source person
      - □ 1. Nil
      - □ 2. Yes, specify: ________________________________
      - □ 3. Unknown
   f. ART in the past of source person
      - □ 1. Nil
      - □ 2. Yes, specify: ________________________________
      - □ 3. Unknown

4. **Treatment outcome of HIV post-exposure prophylaxis (PEP)**
   a. Whether PEP can be completed†
      - □ 1. No
      - □ 2. Yes without modification
      - □ 3. Yes with modification, please specify_____________________________
   b. Total duration of treatment of ART _______________________ days
   c. Reason for non-completion of PEP (more than one box may be selected; leave blank if PEP is completed)
      - □ 1. Adverse effects of PEP, please specify: ________________________________
      - □ 2. Source confirmed HIV negative
      - □ 3. Self-perception of low risk or change of mind
      - □ 4. Non-compliance‡
   d. Adverse effects of PEP
      - □ 1. No
      - □ 2. Yes, please specify: ________________________________
   e. Patient’s subjective evaluation of adverse effect: severe / moderate / mild

* information may differ to that in the first consultation assessment form if HIV status of source person has since become available
† PEP is considered completed if patient compliance with treatment is estimated to be more than 90% and full course is taken
‡ Non-compliance means less than 90% of drug taken