

**National STD/AIDS Control Programme, Ministry of Health, Sri Lanka**  
STRATEGIC INFORMATION ON LABORATORY CONFIRMED  
HIV INFECTIONS

(VERSION: 06/07/2011/SIM)

 Serial No.       
 SL No.     

Comments:-----

**Instructions:** 1. Complete for all new and old HIV infected persons  
2. Circle correct answers  
3. Send completed forms in a confidential cover to:  
*Coordinator, SIM Unit, through Director, National STD/AIDS Control Programme, 29, De Saram Place, Colombo 10*

**1. Identification information**
 1.2 FIRST NAME (last two letters only)    
 1.2 LAST NAME (last two letters only)    
 1.3 DATE OF BIRTH (dd/mm/yyyy) -----/-----/-----  
 1.4 HIV CLINIC NUMBER      
**2. Socio-demographic information**
 2.1 SEX  
 I. Male  
 II. Female  
 III. Others (transgender/transvestite etc)  
 2.2 AGE AT DIAGNOSIS(years/months, if <1 year)    
 2.3 DISTRICT OF RESIDENCE \_\_\_\_\_  
 2.4 COUNTRY OF BIRTH  
 I. Sri Lanka II. Other (specify) \_\_\_\_\_  
 2.5 MARITAL STATUS  
 I. Never married  
 II. Currently married/Living together  
 III. Separated/Divorced/Widowed  
 2.6 ETHNICITY  
 I. Sinhalese II. Tamil  
 III. Moore IV. Other  
 2.7 OCCUPATIONAL STATUS  
 I. Unemployed II. Student III. Retired  
 IV. Employed as \_\_\_\_\_
**3. HIV Testing details**
 3.1 SAMPLE NUMBER \_\_\_\_\_  
 3.2 DATE OF LAB CONFIRMATION(dd/mm/yyyy) -----/-----/-----  
 3.3 EVER TESTED FOR HIV BEFORE?  
 I. Yes (date of last negative report) \_\_\_\_\_  
 II. Never  
 III. Not known
**4. Reason for HIV testing (More than one option possible)**

- I. Voluntary testing
- II. Provider initiated testing
- III. Investigation of clinical symptoms suggestive of HIV
- IV. Partner/spouse/parent/child, diagnosed with HIV infection
- V. STD screening
- VI. Blood donor screening
- VII. Screening before medical/surgical procedure
- VIII. Screening for Visa/Insurance/Legal / Foreign jobs
- IX. ANC screening
- X. Others (specify).....

**5. Clinical status of the HIV infected person at the time of diagnosis**

- I. Asymptomatic
- II. Symptomatic HIV
- III. AIDS

**6. Information on exposure to HIV**

- 6.1 SEXUAL EXPOSURE(mark only one response)
- 
- I. Sexual contact with person of opposite sex
- 
- II. Sexual contact with both sexes
- 
- III. Sexual contact with person of same sex
- 
- IV. No sexual contact
- 
- V. No response
- 
- 6.2 HISTORY OF BLOOD EXPOSURE
- 
- I. No
- 
- II. Injecting drug use
- 
- III. Receipt of blood/tissue, specify year -----
- 
- IV. Needle stick injury/Mucosal splash, specify year -----
- 
- 6.3 ACQUIRED FROM MOTHER TO CHILD TRANSMISSION
- 
- I. Yes II. No III. Not known
- 
- 6.4 Ever engaged in commercial sex work/Client of sex worker?
- 
- I. Yes II. No III. No response
- 
- 6.5 Ever gone abroad?
- 
- I. Yes II. No III. No response
- 
- If yes, give details (countries, purpose and duration)*
- 
- \_\_\_\_\_
- 
- 6.6 Ever had sex with a foreigner?
- 
- I. Yes II. No III. Not known/No response

**7. Information of spouse (or living-together partner)**

- 7.1 HIV STATUS OF THE SPOUSE
- 
- I. Positive II. Negative
- 
- III. Not known IV. Not applicable
- 
- 7.2 Has the spouse ever gone abroad?
- 
- I. Never II. Yes III. Not applicable
- 
- If yes, give details (countries and purpose)*
- 
- \_\_\_\_\_
- 
- 7.3 RISK FACTORS FOR HIV IN SPOUSE
- 
- I. None II. MSM III. Sex worker IV. Drug user
- 
- V. Other (specify)-----
- 
- VI. Not known VII. Not relevant
- 
- 7.4 LIKELIHOOD OF GETTING INFECTED FROM THE SPOUSE?
- 
- (Doctor's opinion based on history and clinical picture)*
- 
- I. Likely II. Unlikely
- 
- III. Not sure IV. Not applicable

**8. Information of reporting doctor**
 8.1 NAME OF DOCTOR -----  
 8.2 DESIGNATION -----  
 8.3 ADDRESS/PLACE OF WORK -----  
 8.4 DATE OF REPORTING -----