

Paediatric Disclosure Register

Health Facility: _____

No.	Name	Unique No.	Gender	Primary caregiver's relationship to child (e.g. mother, aunt, etc.)	Before introduction of disclosure book		Introduction of disclosure book			Full HIV Disclosure			Date exited programme and reason (T/O, died, age≥19, other)
					Child knows HIV status (yes / no)	Child's response to "why are you taking your medicines"	Date	Age (yrs/ mths)	Mths on ART	Date	Age (yrs/ mths)	Mths on ART	

