SECTION A: SITE PROFILE

Facility Name: ____________________________________________

Level of Comprehensive Care:  □ Tertiary  □ Secondary

State: ___________________________  IP: ___________________________

ALHIV PATIENT DATA

<table>
<thead>
<tr>
<th></th>
<th>10-14 years</th>
<th>15-19 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of ALHIV (10-19 year olds) currently enrolled at facility:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of ALHIV (10-19 year olds) currently on ART at facility:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION B: CLINIC SERVICES

1. How long has the facility been providing adult HIV services?
   □ Less than 1 year
   □ 1-3 years
   □ 4-6 years
   □ More than 6 years
   □ Don’t Know
   □ N/A (not applicable)

2. On average, how many health care workers provide adult HIV services?
   □ Doctors
   □ Nurses

3. What other types of healthcare workers provide adult HIV services at this facility? (Specify type and number)

4. Does the facility provide pediatric HIV services?  □ Yes  □ No (If NO, END SURVEY here)

5. If yes to Q4, how long has the facility been providing paediatric HIV services?
   □ Less than 1 year
   □ 1-3 years
   □ 4-6 years
   □ More than 6 years
   □ Don’t Know
   □ N/A

6. Is there a pediatric HIV clinic at the facility (dedicated time and space for children)?
   □ Yes  □ No

7. Are the adult HIV care providers the same people who provide paediatric HIV care? (If Yes, skip to Section C)
   □ Yes  □ No  □ N/A

8. If no to Q7, on average, how many healthcare workers provide paediatric HIV services? (If N/A, leave blank)
   □ Doctors
   □ Nurses

9. What other types of healthcare workers provide pediatric HIV services at this facility? (Specify type and number).
### SECTION C: ADOLESCENT CARE SERVICES

10. Is there an adolescent HIV clinic at the facility (a dedicated time and space for ALHIV)?
   - Yes  
   - No  

11. Have clinic staff received training to work with adolescents, teenagers or youth? (Choose only one answer).
   - All  
   - None  
   - Some  
   - Not sure  

12. Is there a standard practice among providers for helping parents to disclose HIV status to their adolescents?
   - Yes  
   - No  

13. If yes to Q12, is there a written protocol (If yes, please provide a copy)?
   - Yes  
   - No  

14. At what specific age or age range do providers encourage parents to start the disclosure process to an HIV-infected child?
   - Age/range: 
   - N/A  

### SECTION D: ADOLESCENT SUPPORT GROUP SERVICES

15. Does the facility hold dedicated support groups for ALHIV?
   - Yes  
   - No (Skip to section E)  

16. If yes to Q15, at what age/age range do you recommend the support groups to patients?
   - Age:  

17. If support groups are divided by age, please specify age(s):
   -  

18. Are there separate support groups for females and males?
   - Yes  
   - No  

19. How often do the adolescent support groups meet?
   - Daily  
   - Weekly  
   - Monthly  
   - Every 2-3 months  
   - Irregularly  
   - Other (specify)  

20. What is the average number of ALHIV attending the support group meetings?
   - No.  

21. When do support group meetings take place?
   - Before scheduled clinic hours  
   - After scheduled clinic hours  
   - On a day other than clinic day - weekday  
   - On a day other than clinic day - weekend  
   - When patients decide  
   - Other (specify)  

22. What is the duration of the support group meetings in hours or minutes?
   -  

23. Where do support group meetings take place (check all that apply)?
   - Physically within clinic, or hospital grounds  
   - At designated location within the community  
   - On social media (specify)  
   - Other venue (specify)  

24. Who participates in the support groups?
   - ALHIV only  
   - ALHIV + Others (e.g. siblings of ALHIV, other adolescents)  

25. Who facilitates the adolescent support group meetings (check all that apply)?
   - Peer (Adolescent/Youth) Facilitator  
   - CHEW / CHO  
   - Other Healthcare Worker (nurse, nurse midwife, doctor)  
   - Other adult (non-healthcare provider)  
   - Other (specify)  
   - None (group members do this on their own)
<table>
<thead>
<tr>
<th><strong>SECTION E: TRANSFER OF ADOLESCENTS FROM PEDIATRIC TO ADULT CARE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>26. Is there a standard practice for transferring ALHIV to the adult clinic?</strong></td>
</tr>
<tr>
<td>ALHIV are not transferred (Adult, Child, ALHIV mixed clinic)</td>
</tr>
<tr>
<td>If ALHIV not transferred, STOP SURVEY HERE</td>
</tr>
<tr>
<td><strong>27. If yes to Q26, is there a written protocol for transferring ALHIV to adult clinic?</strong></td>
</tr>
<tr>
<td>(If yes, please provide a copy)</td>
</tr>
<tr>
<td><strong>28. If yes to Q26, which of the following criteria are used to determine that it is time for transfer? (please check all that apply):</strong></td>
</tr>
<tr>
<td>a. Age</td>
</tr>
<tr>
<td>b. Patient aware of diagnosis</td>
</tr>
<tr>
<td>c. Patient has CD4 count ≥ 500</td>
</tr>
<tr>
<td>d. Readiness assessment</td>
</tr>
<tr>
<td>e. Viral load</td>
</tr>
<tr>
<td>f. Demonstrated knowledge and understanding about HIV, adherence, drugs</td>
</tr>
<tr>
<td>g. Marriage</td>
</tr>
<tr>
<td>h. Pregnancy</td>
</tr>
<tr>
<td>i. Other (describe):</td>
</tr>
<tr>
<td><strong>29. At what age (years) are adolescents transferred from the pediatric clinic to the adult clinic?</strong></td>
</tr>
<tr>
<td><strong>30. To where does the transfer occur?</strong></td>
</tr>
<tr>
<td><strong>31. At the time of transfer, is there formal communication between pediatric and adult clinic physicians/nurses?</strong></td>
</tr>
<tr>
<td><strong>32. If yes to Q31, what form of communication is it?</strong></td>
</tr>
<tr>
<td><strong>33. Is there any post-transfer follow-up of the ALHIV by pediatric clinic staff?</strong></td>
</tr>
<tr>
<td><strong>34. How does this follow-up occur?</strong></td>
</tr>
<tr>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

END OF SURVEY.