

1.

DISCLOSURE ASSESSMENT (to be filled out by Healthcare Provider)

Name of Child/Adolescent:	
Patient File #:	
DOB: / /	Gender: M / F
Name of Healthcare Provider	Date:

CHILD/ADOLESCENT – Circumstances around the child’s HIV transmission		
Mother to Child Transmission	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>If yes, proceed to facility level disclosure. If no, refer and follow up to continue disclosure process.</i>
Possible sexual abuse or other complex disclosure <ul style="list-style-type: none"> • Abusive or illegal (sex was under the legal age of consent) • Traumatic • Current crisis • Non-supportive environment • Extended and unresolved bereavement • Child-headed household • Vulnerability of caregiver • Disability 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, refer to social worker or psychologist for follow up to continue disclosure process. Any suspected abuse (physical, verbal, Sexual/must be reported according to Child Protection policy.</i>
Sexual transmission following consensual sex.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, prepare for expanded counselling relating to Sexual Reproductive Health (SRH)</i>
Does the child/adolescent already know about his health / illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If on ART already, has the child/adolescent been told about the reason for being on ART?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the child/adolescent previously received disclosure information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, was it appropriate for the child/adolescent’s developmental stage? If no, refer and follow up to continue disclosure process.</i>
What is the child/adolescent’s current emotional state?	<input type="checkbox"/> Stable <input type="checkbox"/> Emotional Issues	<i>If stable, proceed to facility level disclosure. If emotional issues are present, refer and follow up to continue disclosure process.</i>
Is the child/adolescent performing well at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, proceed to facility level disclosure. If no, refer and follow up to continue disclosure process.</i>
Has performance at school changed recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, proceed to facility level disclosure. If yes, refer and follow up to continue disclosure process.</i>
Is the child/adolescent coping socially? Same level as peers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, proceed to facility level disclosure. If no, refer and follow up to continue disclosure process.</i>
Does the child/adolescent have family or community support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, proceed to facility level disclosure. If no, refer and follow up to continue disclosure process.</i>
Does the child/adolescent present with a negative mood and behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, proceed to facility level disclosure. If yes, refer and follow up to continue disclosure process.</i>
Any family or social conflict?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, proceed to facility level disclosure. If yes, refer and follow up to continue disclosure process.</i>
Does the child/adolescent show interest and get involved with activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, proceed to facility level disclosure. If no, refer and follow up to continue disclosure process.</i>

SUMMARY OF ASSESSMENT

Readiness of the caregiver:

Considerations for the Child/Adolescent:
