**DATA COLLECTION FORM**

Name of clinic:

Date:

Person-in-charge:

**DATA COLLECTION:**

|  |  |
| --- | --- |
| **Content** | **Value** |
| **Indicator 1** |  |
| Number of patients starting treatment |  |
| Number of patient received correct ART regimen when starting treatment |  |
| **Indicators 2 & 4** |  |
| 1. Number of patients in the cohort
 |  |
| 1. Number of patients on ART currently
 |  |
| 1. Number of patients stop ART
 |  |
| 1. Number of patients died due to HIV/AIDS
 |  |
| 1. Number of patients lost to follow-up
 |  |
| **Indicator 3** |  |
| 1. Number of patients having appointments in last quarter of 2011
 |  |
| 1. Number of patients arriving on time for appointments in last quarter of 2011
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