

A. BASIC INFORMATION	
Initials of client: (For group sessions, please use attached registration form)	
Chieftdom:	
CP Membership: (Please tick/ write name of CP where applicable)	Primary: _____ Leadership: _____ Service: _____ Non-CP: _____
Date of Interview:	
Age of Client:	
Sex of Client	
Contact Details:	
Name of HIV Peer	
1. Ask for clients consent to ask them questions about their knowledge & opinions on condoms 2. Emphasize client confidentiality on all answers provided 3. Assure client that answers will only be used to assess and improve condom access and provision	

PrEP ENGAGEMENT QUESTIONS

1. Have you ever heard anything about PrEP? From who/where?

2. What do you know/understand about PrEP?

3. What do people in the community think of/say about people who take PrEP?

4. Who do you think needs to take PrEP? Why?

5. Are there people in your community that you think would benefit from taking PrEP? Who are they? (Not names but description)

6. What do you think is the best way to educate people in your community about PrEP?
