

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



A. BASIC INFORMATION						
Initials of client: (For group sessions, please registration form)	use attached					
Chiefdom:						
CP Membership: (Pleas	· ·	Leadership:				
	Service:	Non-CP:				
Date of Interview:						
Age of Client:						
Sex of Client						
Contact Details:						
Name of HIV Peer						
<ol> <li>Ask for clients consent to ask them questions about their knowledge &amp; opinions on condoms</li> <li>Emphasize client confidentiality on all answers provided</li> <li>Assure client that answers will only be used to assess and improve condom access and provision</li> </ol>						
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	3. What do people in the community think of/say about people who take PrEP?					

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?

7.	Are you aware of any places that a person can get PrEP in the community?  ———————————————————————————————————
8.	Where do you think you & your friends would be comfortable to go and take PrEP?
9.	How would your partner/friend/parent react to you taking PrEP?
10.	Do you know anyone who has/is currently taking PrEP?
11.	What have you heard people say about their experience with taking PrEP?

## **GROUP ATTENDANCE REGISTER**

Initials	Sex	Age	Contact Details