



# Participation Tally Sheet

To be completed once per month

- Health facility name

## HIV Recency Study PARTICIPATION TALLY SHEET

Health Facility name: \_\_\_\_\_

Reporting period: March 1-30, 2019

### Reasons for Refusal

1. Do not have time to participate
2. Not interested
3. Fear of needles/blood draw
4. Religious objection
5. Need partner permission
6. Other (specify)

Date	Number eligible	Number enrolled	Number refused	Reason(s) for refusal – Indicate all codes that apply	Client ID Number for eligible persons who refused
1 March 2019					
2 March 2019					

To be completed every day

- Number eligible for recency testing
- Number enrolled
- Number refused
- Reason for refusal - ALL
- Client ID for all who refused