**Form 5. HCW screening for HIV**

**(to be abstracted from form 1)**

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| ID number | HIV tested last year  Yes/no/DK | (s)he states (s)he knows HIV status  Yes/no DK | Tested HIV positive in last year  Yes/no/DK |
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| Total | N yes  N no  N DK | N yes  N no  N DK | N yes  N no  N DK |

**DK = don’t know/unknown/unwilling to disclose**