Enhanced Adherence Counseling Notebook

Date	First Name	Surname	OI No	Age	Sex	Date 1st VL Taken	1st VL Result	EAC of day receiving results (Date)	1st EAC after 1st month (Date)	2rd EAC after 2nd month (Date)	3rd EAC after 3rd month (Date)	Expected Date of Repeat VL	Date Repeat VL taken	Repeat VL Result	Outcome 1.Switched to 2nd Line 2. Improved on 1st line 3. Remained on failing 1st line	Outcome Date	Comments/Action Plan