

FORM I: Counseling Register

<b>Frequency: After every counselling session</b>	
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Month:

[illegible]

**\* Type of counselling provided: This will include following**

- 1 Risk assessment counselling
- 2 Risk reduction counselling
- 3 High-risk behaviour counselling
- 4 STI counselling
- 5 Pre-HIV test counselling
- 6 Post HIV test counselling
- 7 Any other (specify ) \_\_\_\_\_