

REPUBLIC OF KENYA



MINISTRY OF HEALTH

CONTACT FORM

Name of County: _____

Sub-county: _____

Ward: _____

Implementing partner: _____

Date of first contact: (dd/mm/yyyy): ____/____/____

Name of peer educator/health care worker: _____

KP unique identifier code: _____

KP type (Tick appropriate): FSW MSM MSW PWID PWUD Transman Transwoman

1. What is your name? (All three names) (Please add the nickname)	
2. Sex (circle appropriate) 1= Male; 2= Female	
3a. Date of Birth (DD/MM/YYYY):	3b. Age:
4. Contact Phone No:	5. Alternative contact person and phone number:
6a. Have you been contacted by a peer educator?	1. Yes 2. No
6b. If yes, which programme do you receive services from?	
7a. Where do you MOSTLY operate/hangout/conduct sex work/Inject/meet your clients or partners? (Write down name and physical address of the Hotspot MOSTLY frequented)	
7b. Type of spot MOSTLY frequented 1= Street, 2= Injecting den, 3= Uninhabitable building, 4= Parks, 5= Homes, 6= Beach, 7= Casino, 8= Bar with lodging, 9= Bar without lodging, 10= Sex den, 11= Strip club, 12= Highways, 13= Brothel, 14= Guest house/Hotels/Lodgings, 15= Massage parlor, 16= Chang'aa den, 17= Barbershop/Salon, 18= Virtual Space, 19= Other(Specify)	
8. a. Which year did you start sex work?	Year: _____
b. Which year did you start having sex with men (MSM only)?	Year: _____
c. Which year did you start using drugs (injecting or smoking)?	Year: _____
9. On average, how many sex acts do you have PER WEEK?	
10. On average, how many anal sex acts do you have PER WEEK?	
11. On average, how many times do you inject drugs per day? (only for PWID)	