FORM B
VIRTUAL MAPPING OF MEN WHO HAVE SEX WITH MEN

VIRTUAL SITE VISIT FORMAT

IDENTIFICATION	
Internet site Name: _____ ☐☐ Type of Virtual Site:_____ ☐☐ County:_____ ☐☐	Mobile App of this Site_____ Date: : DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐ Total Users: ☐☐☐☐
Name of VM:_____	Supervisor:_____

SUB COUNTY	**NUMBER OF REGISTERED USERS**	**NUMBER OF USERS ONLINE**	**TIME**
Sub County A			☐☐ ☐☐
Sub County B			☐☐ ☐☐
Sub County C			☐☐ ☐☐
Sub County D			☐☐ ☐☐
Sub County E			☐☐ ☐☐
Sub County F			☐☐ ☐☐
TOTAL			

Name of VM:_____ Supervisor:_____