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|  | **KZN DOOR-TO-DOOR TESTING PASSPORT** |
| **D2D HOUSEHOLD NUMBER** | **HOMESTEAD NR**. | **Today’s Date(DD/MM/YYYY)** | **CHAP CODE** | **ACCESS DATABASE #** |
|  |  | / / |  |  |

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| **PART 1: GENERAL INFORMATION** |

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| Household head | Date of birth(DD/MM/YYYY) / /  | Place of birth | GenderM / F | (a) Number of household members that spent most nights in the past 3 months in this household **\_\_\_\_\_\_\_\_**(b) Number of household members that spent most nights in the past 3 months away from this household **\_\_\_\_\_\_\_\_**(c) Total number of household members **\_\_\_\_\_\_\_\_**(d) Number of household members present at time of visit **\_\_\_\_\_\_\_\_**(e) Number of babies born to household members within the past 6 months **\_\_\_\_\_\_\_\_**(f) Number of pregnant household members **\_\_\_\_\_\_\_\_**(g) Number of adult deaths (15 years and older) among household members within the past 6 months **\_\_\_\_\_\_\_\_**(h) Number of child deaths (5 years and less) among household members within the past 6 months **\_\_\_\_\_\_\_\_** |
|
| Area identifier | Izigodi | Ward | Landmark |
|
| **PREFERRED PHC** | ( 4 ) Mathungela Clinic | ( 8 ) Ntumeni Clinic | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| ( 1 ) Eshowe Hospital | ( 5 ) Mbongolwane Hospital | ( 9 ) Osungulweni Clinic |
| ( 2 ) Eshowe Municipal Clinic | ( 6 ) Ngudwini Clinic | ( 10 ) Samungu Clinic |
| ( 3 ) King DiniZulu Clinic | ( 7 ) Nkwalini Clinic | ( 11 ) Siphilile Clinic |   |   |

***\*A visitor is anyone that is not a household member***

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| **PART 2: REGISTRATION**1 |

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| First Name(s): | Previous HIV test /Date(MM/YYYY) | Pre-testCounselling & consent | Screening test result | Confirmatorytestresult | OverallHIVtest result | Known HIV+Y / N | Post-testcounselling done | TB Screening Result | Pregnant | Referredto |
| Surname: |
| Date of Birth (DD/MM/YYYY) |  / / | Gender | M / F | Age | Y / N | Y / N | A / B | A / B | A / B | On ARTNot on ARTDefaulted | Y / N | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  |  | **–** |  |  |  |  |  |  |  |  / |  |
| Cell phone number 2 |  |  |  | **–** |  |  |  |  |  |  |  | Visitor?Y / N | Where did you spend most nights in the past 3 months?  | In the household described above?Y / N | If elsewhere please state location: |
| Can we contact you in the future?2 | By phone?Y / N | By SMS?Y / N | Are you planning to travel outside of your household in the next 6 months for more than a month? |   Y / N | If “Yes”, to which area? |

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| First Name(s): | Previous HIV test /Date(MM/YYYY) | Pre-testCounselling & consent | Screening test result | Confirmatorytestresult | OverallHIVtest result | Known HIV+Y / N | Post-testcounselling done | TB Screening Result | Pregnant | Referredto |
| Surname: |
| Date of Birth (DD/MM/YYYY) |  / / | Gender | M / F | Age | Y / N | Y / N | A / B | A / B | A / B | On ARTNot on ARTDefaulted | Y / N | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  |  | **–** |  |  |  |  |  |  |  |  / |  |
| Cell phone number 2 |  |  |  | **–** |  |  |  |  |  |  |  | Visitor?Y / N | Where did you spend most nights in the past 3 months?  | In the household described above?Y / N | If elsewhere please state location: |
| Can we contact you in the future? | By phone?Y / N | By SMS?Y / N | Are you planning to travel outside of your household in the next 6 months for more than a month? |   Y / N | If “Yes”, to which area? |
| First Name(s):3 | Previous HIV test /Date(MM/YYYY) | Pre-testCounselling & consent | Screening test result | Confirmatorytestresult | OverallHIVtest result | Known HIV+Y / N | Post-testcounselling done | TB Screening Result | Pregnant | Referredto |
| Surname: |
| Date of Birth (DD/MM/YYYY) |  / / | Gender | M / F | Age | Y / N | Y / N | A / B | A / B | A / B | On ARTNot on ARTDefaulted | Y / N | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  |  | **–** |  |  |  |  |  |  |  |  / |  |
| Cell phone number 2 |  |  |  | **–** |  |  |  |  |  |  |  | Visitor?Y / N | Where did you spend most nights in the past 3 months?  | In the household described above?Y / N | If elsewhere please state location: |
| Can we contact you in the future? | By phone?Y / N | By SMS?Y / N | Are you planning to travel outside of your household in the next 6 months for more than a month? |   Y / N | If “Yes”, to which area? |

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| Surname: |
| Date of Birth (DD/MM/YYYY) |  / / | Gender | M / F | Age | Y / N | Y / N | A / B | A / B | A / B | On ARTNot on ARTDefaulted | Y / N | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  |  | **–** |  |  |  |  |  |  |  |  / |  |
| Cell phone number 2 |  |  |  | **–** |  |  |  |  |  |  |  | Visitor?Y / N | Where did you spend most nights in the past 3 months?  | In the household described above?Y / N | If elsewhere please state location: |
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| Surname: |
| Date of Birth (DD/MM/YYYY) |  / / | Gender | M / F | Age | Y / N | Y / N | A / B | A / B | A / B | On ARTNot on ARTDefaulted | Y / N | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  |  | **–** |  |  |  |  |  |  |  |  / |  |
| Cell phone number 2 |  |  |  | **–** |  |  |  |  |  |  |  | Visitor?Y / N | Where did you spend most nights in the past 3 months?  | In the household described above?Y / N | If elsewhere please state location: |
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| First Name(s): | Previous HIV test /Date(MM/YYYY) | Pre-testCounselling & consent | Screening test result | Confirmatorytestresult | OverallHIVtest result | Known HIV+Y / N | Post-testcounselling done | TB Screening Result | Pregnant | Referredto |
| Surname: |
| Date of Birth (DD/MM/YYYY) |  / / | Gender | M / F | Age | Y / N | Y / N | A / B | A / B | A / B | On ARTNot on ARTDefaulted | Y / N | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  |  | **–** |  |  |  |  |  |  |  |  / |  |
| Cell phone number 2 |  |  |  | **–** |  |  |  |  |  |  |  | Visitor?Y / N | Where did you spend most nights in the past 3 months?  | In the household described above?Y / N | If elsewhere please state location: |
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