

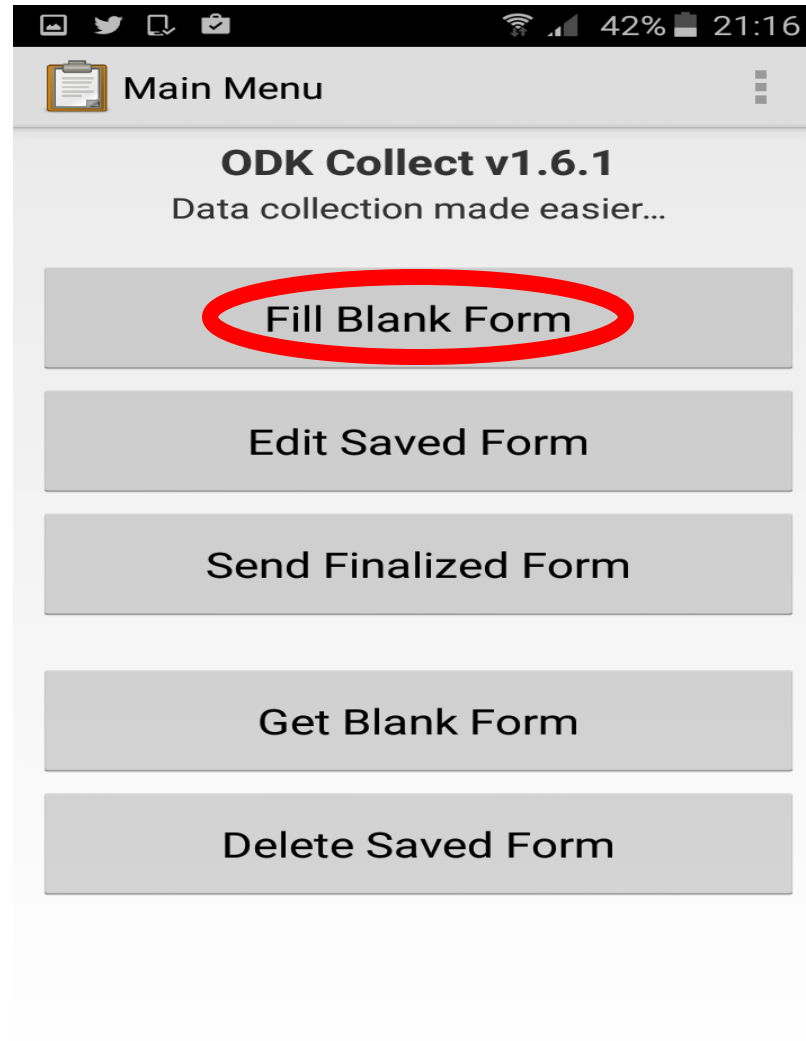
ODK COLLECT REFRESHER FOR THE CHAPS



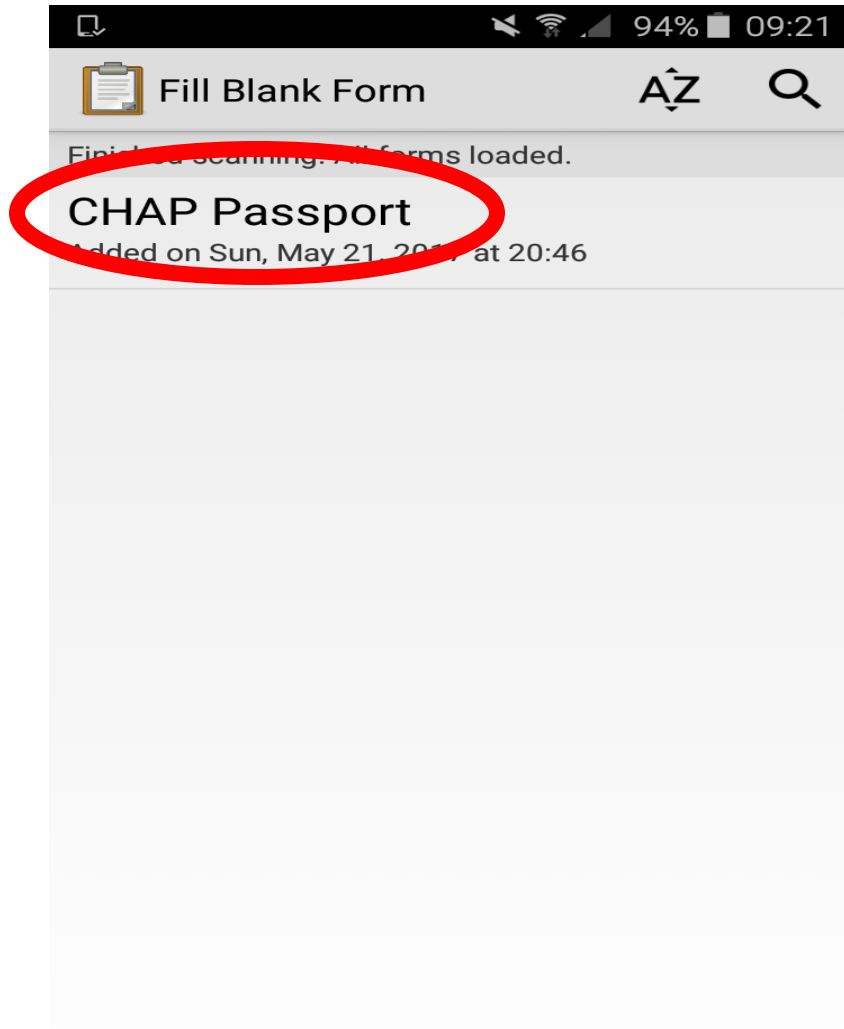
Christopher Nkosi (mHealth Assistant)

LOGO OF OPEN DATA KIT

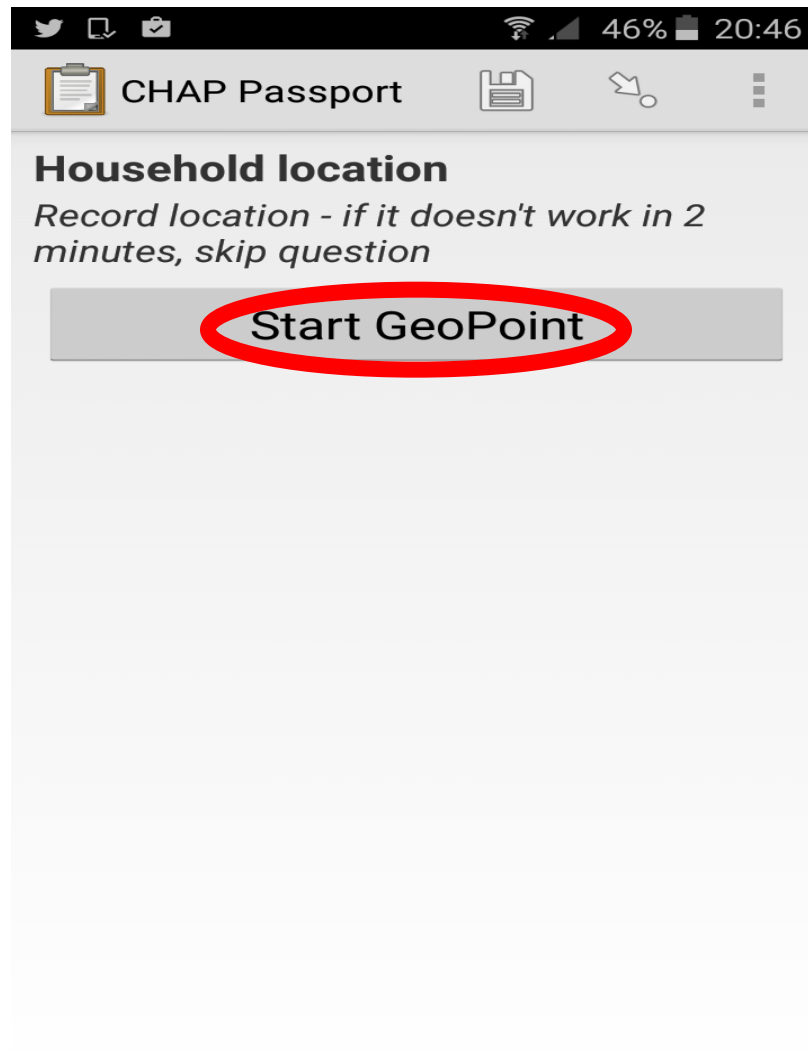




Tap on “Fill Blank Form” to open your form



Tap on “CHAP Passport” to open the form



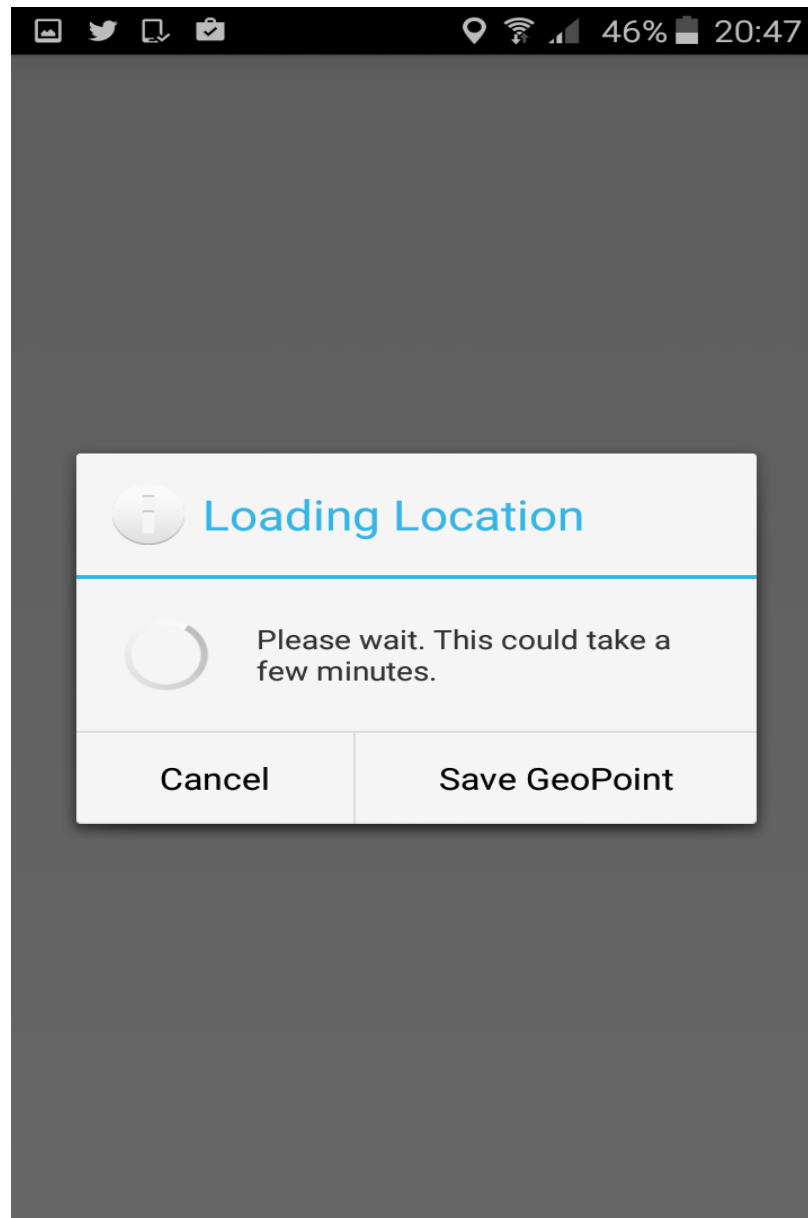
CHAP Passport

Household location

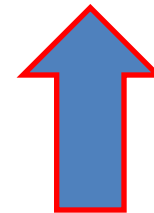
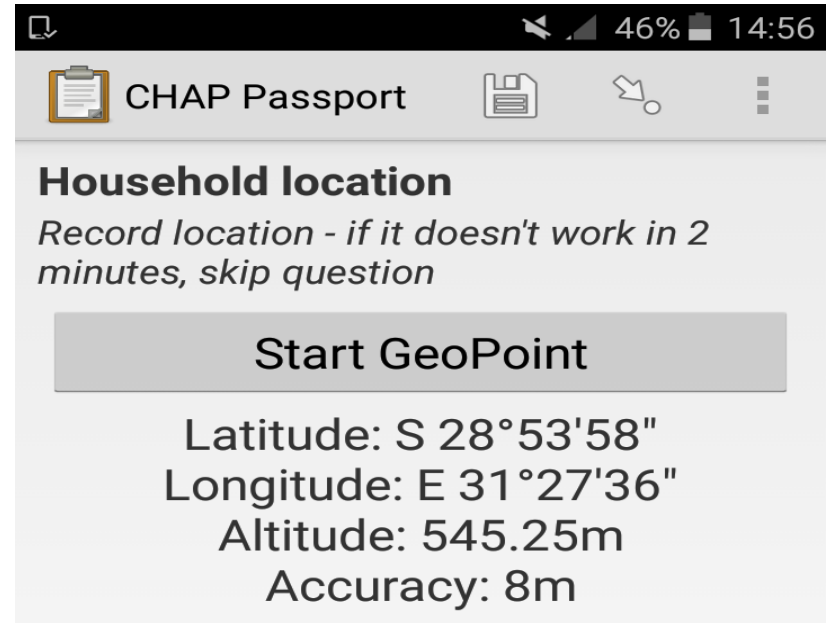
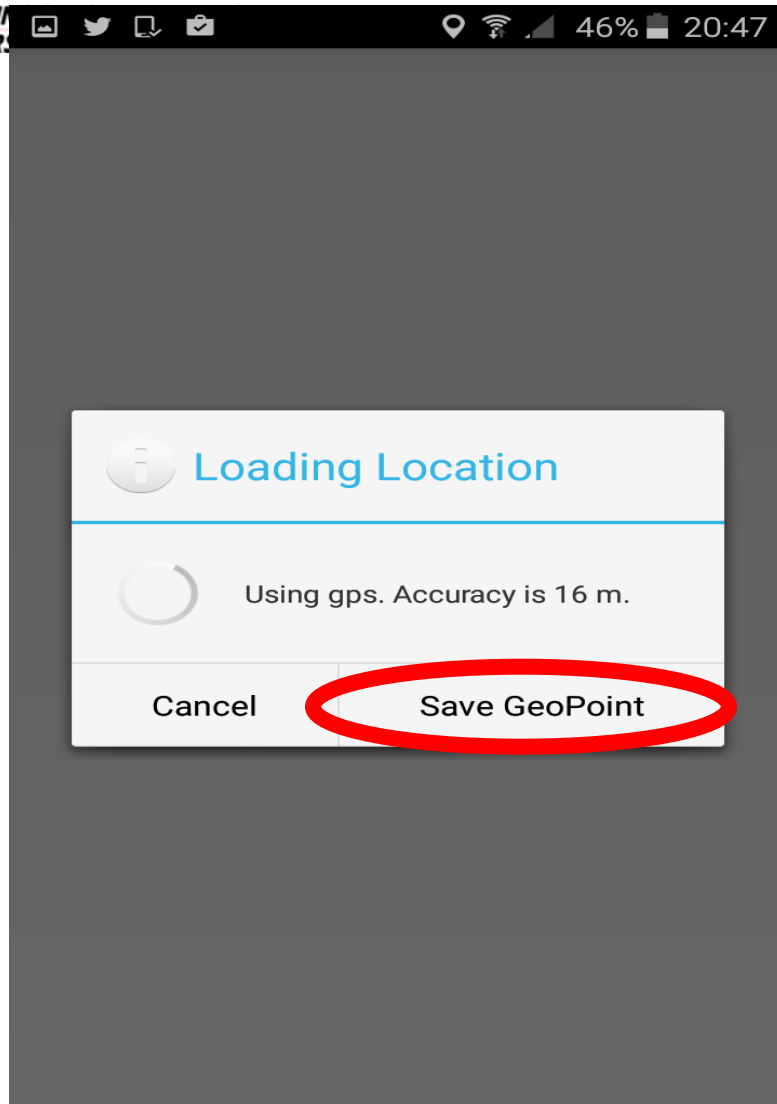
Record location - if it doesn't work in 2 minutes, skip question

Start GeoPoint

Tap on “Start GeoPoint”. **NB: Ensure your location is on!!!!**

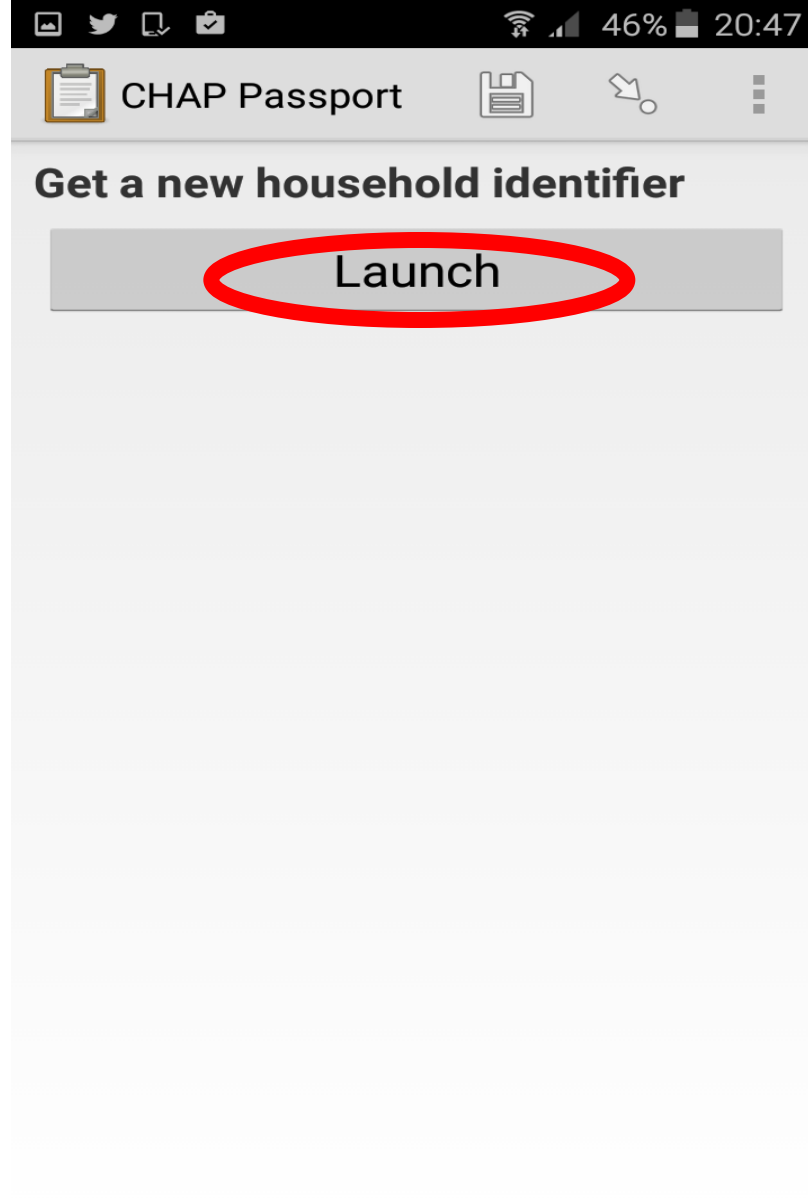


Allow some time for the phone to find your location

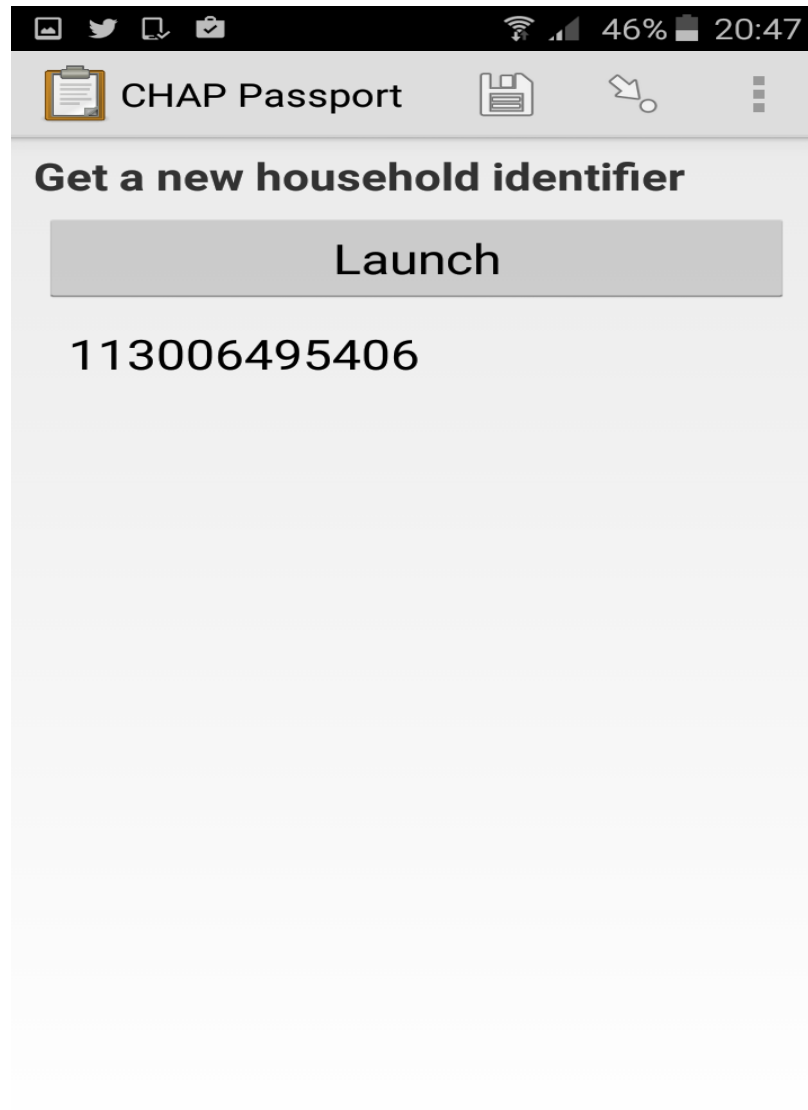


Swipe past once you see these writings.

Tap on “Save Geopoint” once accuracy is read by ODK Collect.



Tap on “Launch” to get a unique identifier



An example of an identifier

CHAP Passport

Location

☒ Eshowe

☐ Mbongolwane

Your current location

CHAP Passport

HH first name
What is your first name?

Christopher

1 2 3 4 5 6 7 8 9 0
q w e r t y u i o p
a s d f g h j k l
↑ z x c v b n m ×
Sym 😊 English(UK) . ↵

Enter the name of the household head

CHAP Passport

HH surname
What is your surname?

Nkosi

1 2 3 4 5 6 7 8 9 0
q w e r t y u i o p
a s d f g h j k l
↑ z x c v b n m ✕
Sym 😊 English(UK) . ↩

Enter the surname of the household head

CHAP Passport

HH Gender

What is your gender?

☒ Male

☐ Female

Select the gender of the household head

CHAP Passport

HH Knows date of birth

Do you know your date of birth?

☒ Yes

☐ No

If the household head knows their DMY of their birth then select “Yes”.
If they just know their age then select “No”.

CHAP Passport

HH Date of birth
When were you born?

Select date

Jan 01, 1970

Tap on “Select date” to select his DMY details. **This is on v1.6.1**

CHAP Passport


HH Date of birth
When were you born?

Select date

Dec	31	1969
Jan	01	1970
Feb	02	1971

Cancel OK

Tap on “OK” to save the date

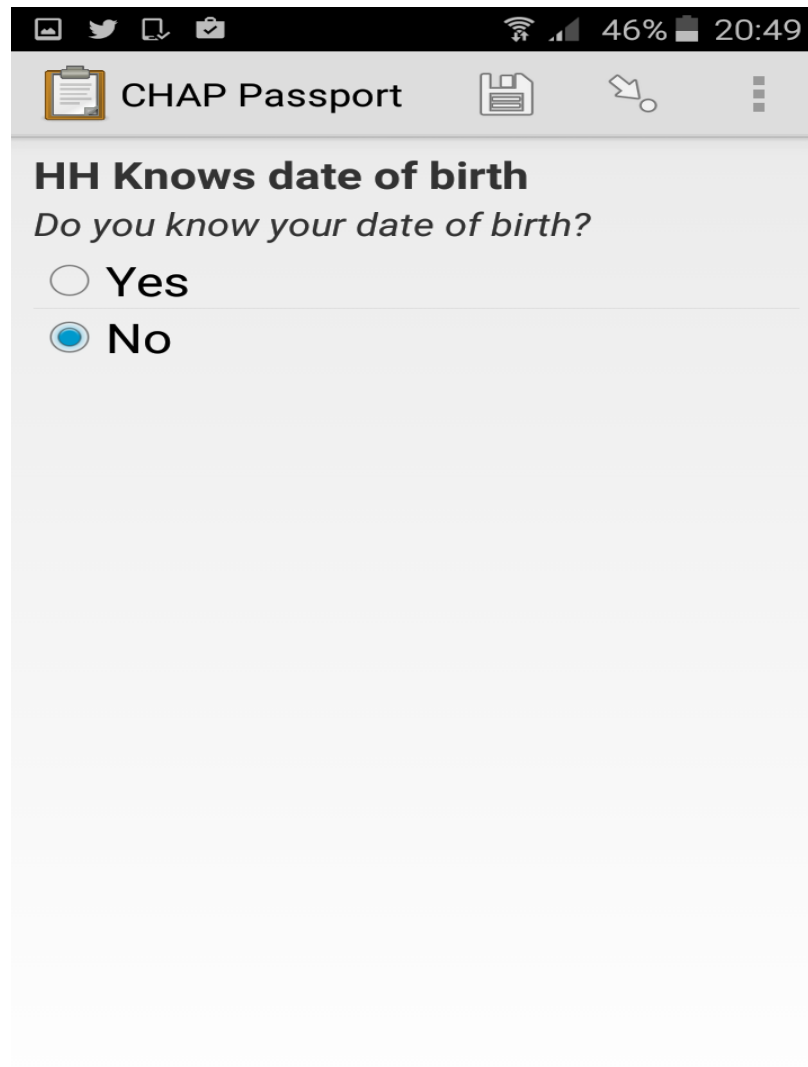


CHAP Passport

How old are you?

47

If you entered the DMY of the client the form will show you the rounded off age.



CHAP Passport

HH Knows date of birth

Do you know your date of birth?

☐ Yes

☒ No

If you had chose “No” earlier...

CHAP Passport

How old are you?

25

1	2	3	✕
4	5	6	↩
7	8	9	-
	0		⚙

Enter the age

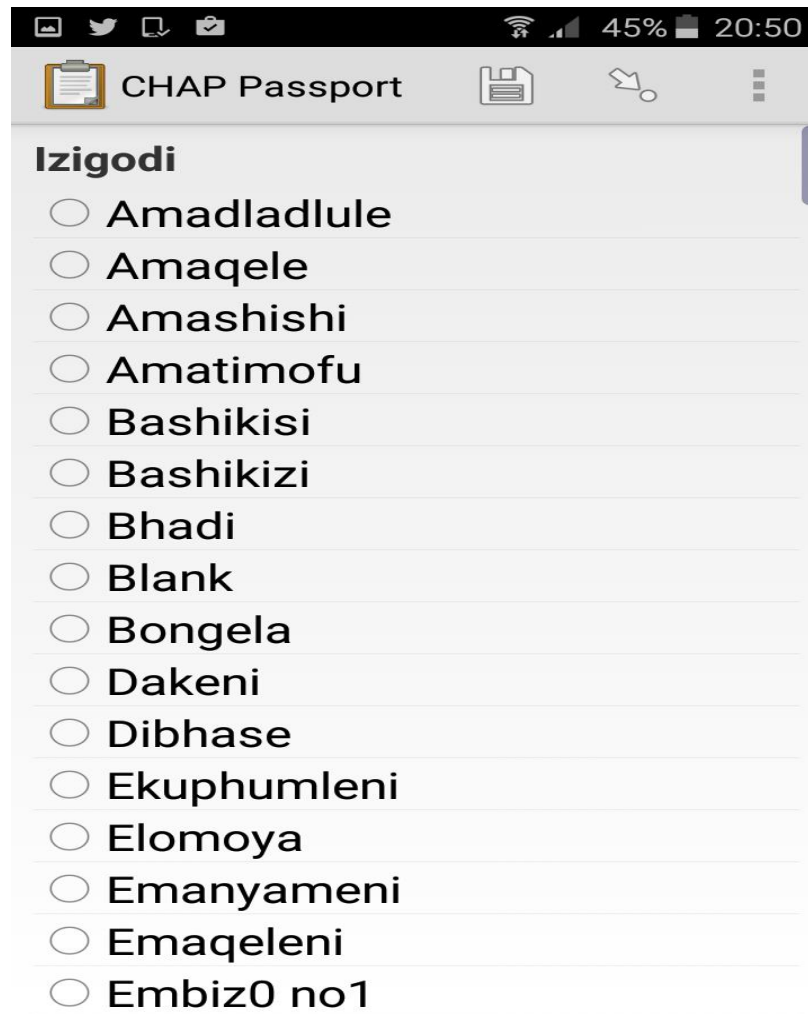
CHAP Passport

Area identifier
The area identifier for the household

Eshowe

1 2 3 4 5 6 7 8 9 0
q w e r t y u i o p
a s d f g h j k l
↑ z x c v b n m ↵
Sym 😊 English(UK) . ↵

Is this in Eshowe or Mbongolwane?



CHAP Passport

Izigodi

- ☐ Amadladlule
- ☐ Amaqeke
- ☐ Amashishi
- ☐ Amatimofu
- ☐ Bashikisi
- ☐ Bashikizi
- ☐ Bhadi
- ☐ Blank
- ☐ Bongela
- ☐ Dakeni
- ☐ Dibhase
- ☐ Ekuphumleni
- ☐ Elomoya
- ☐ Emanyameni
- ☐ Emaqeleni
- ☐ Embiz0 no1

Select “isigodi” that the place is in. If you can’t find it on the list, select the nearest to it.

CHAP Passport

Ward
Enter '99' if ward is unknown

11

1	2	3
4	5	6
7	8	9
⌫	0	↩

Enter the ward of the place. Enter 99 if you are unsure.

CHAP Passport

Landmark
The landmark of the household

Next to the George Hotel

1 2 3 4 5 6 7 8 9 0
q w e r t y u i o p
a s d f g h j k l
↑ z x c v b n m ↵
Sym 😊 English(UK) . ↵

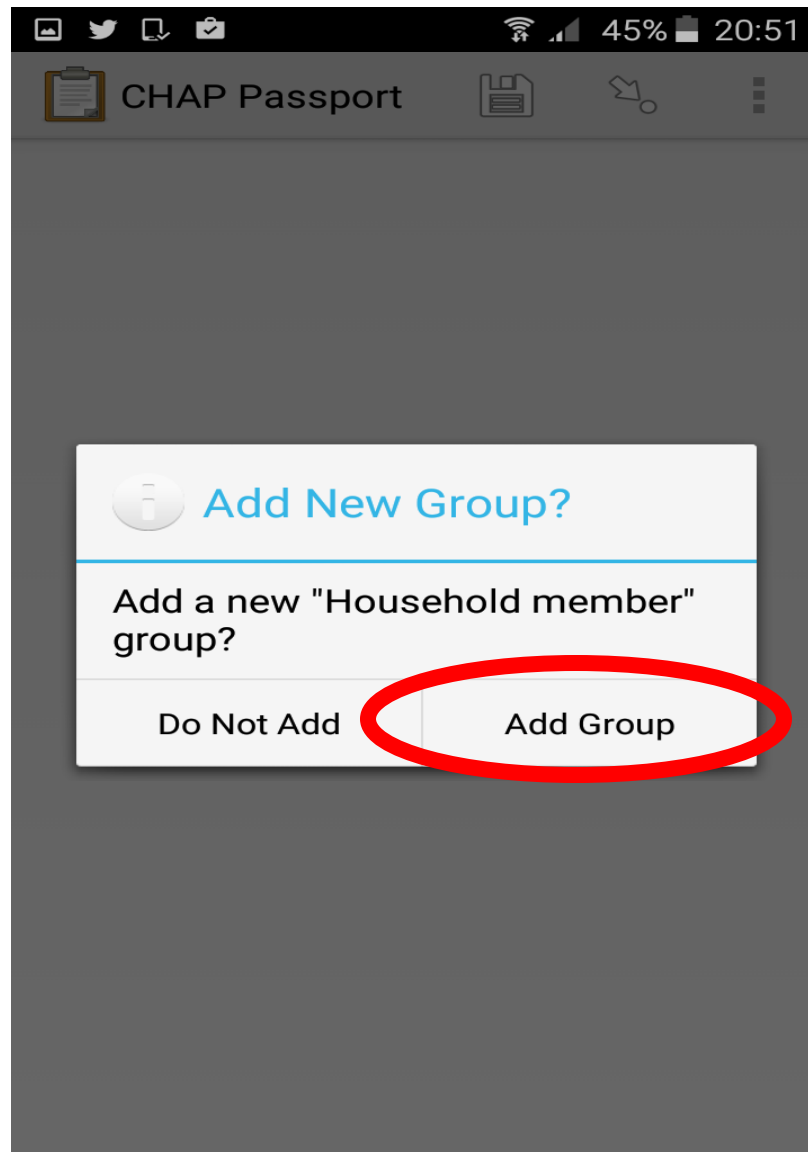
What is the place next to?

CHAP Passport

Nearest health facility
Which health facility is nearest to the household?

- ☐ Eshowe Hospital
- ☒ Eshowe Municipal Clinic
- ☐ King DiniZulu Clinic
- ☐ Mathungela Clinic
- ☐ Mbongolwane Hospital
- ☐ Ngudwini Clinic
- ☐ Nkwalini Clinic
- ☐ Ntumeni Clinic
- ☐ Osungulweni Clinic
- ☐ Samungu Clinic
- ☐ Siphilile Clinic

Nearest clinic to the place.



If anyone was screened for TB, STI's and/or pregnancy, tap on "Add Group".
Same goes if they tested for HIV.

CHAP Passport

Household member (1)

Head of household

Are you the head of household?

☒ Yes

☐ No

Select “Yes” if the household head was offered any services you are supposed to offer.

CHAP Passport

Household member (1)

Head of household

Please confirm that this patient is ChristopherNkosi

☒ OK. Please continue.

Confirm by tapping the box next to “OK. Please continue”

CHAP Passport

Household member (1)

SA ID number
Enter '9999999999999' if unknown

1	2	3
4	5	6
7	8	9
⬅️ x	0	⬅️

Enter the SA ID number if known by the client. If not, enter thirteen 9s or skip. I would prefer you skip, however.

CHAP Passport

Household member (1)

Passport number
Only for non-SA citizens

1 2 3 4 5 6 7 8 9 0
Q W E R T Y U I O P
A S D F G H J K L
↑ Z X C V B N M ✕
Sym 😊 English(UK) . ↩

If the household head is not South African, enter their passport number. If they are, skip!

CHAP Passport

Household member (1)

Can we contact you

Can we safely contact you by phone?

☒ Yes

☐ No

If the client consents to give you their number then select “Yes”. If not, then select “no” and the form will go to “Previous HIV test”

CHAP Passport

Household member (1)

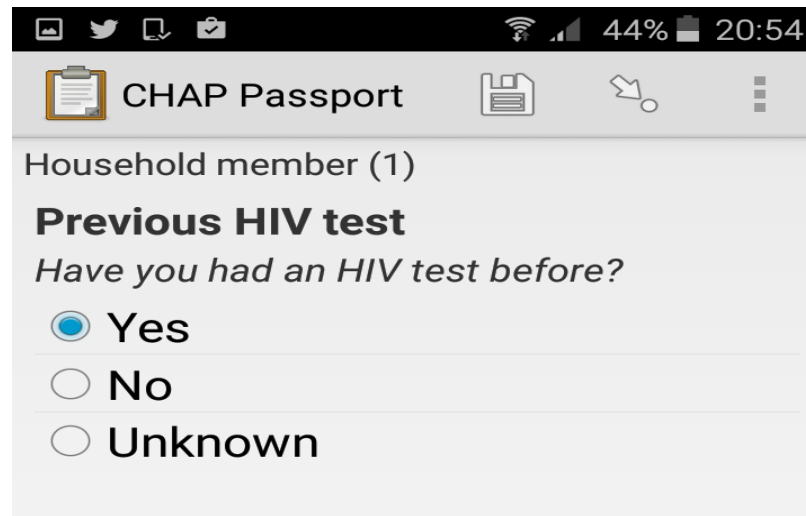
Cellphone number

What is your cellphone number?

0788806097

1	2	3
4	5	6
7	8	9
⬅️ x	0	⬅️

Enter the 10-digit number starting by zero



CHAP Passport

Household member (1)

Previous HIV test

Have you had an HIV test before?

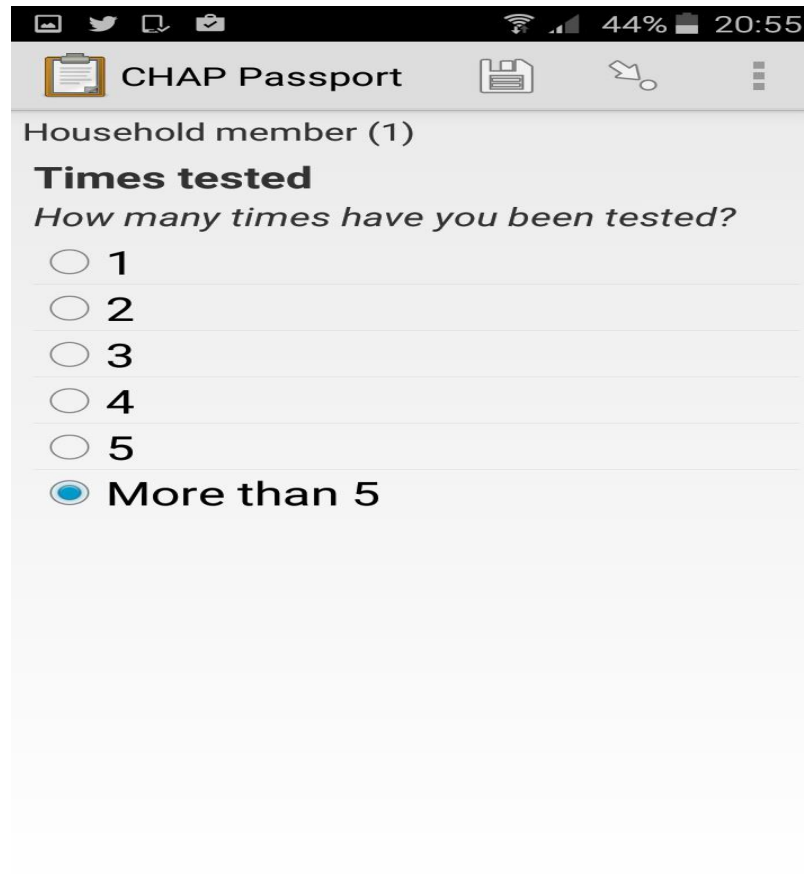
☒ Yes

☐ No

☐ Unknown

If the client has had the HIV test before then select “**Yes**”. If they have never had one then select “**No**”. If they don’t want to divulge such information, then choose “**Unknown**”. If you select “No” or “Unknown”, you will be taken to “**Did patient test**”.

If you chose “Yes”....



CHAP Passport

Household member (1)

Times tested

How many times have you been tested?

☐ 1

☐ 2

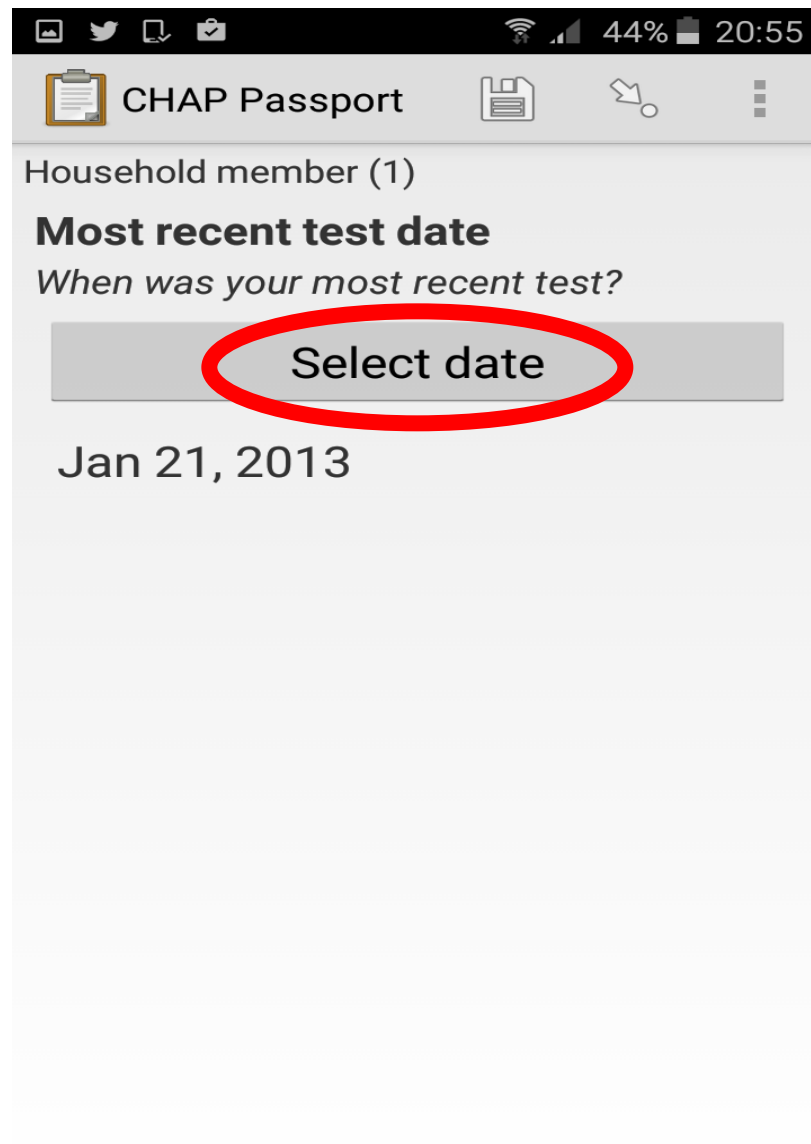
☐ 3

☐ 4

☐ 5

☒ More than 5

Number of times the client has tested



CHAP Passport

Household member (1)

Most recent test date

When was your most recent test?

Select date

Jan 21, 2013

Tap on “Select date” to open the calendar and tap on “OK” once you have selected the date as we have done before.

CHAP Passport

Household member (1)

Last tested at
Where were you tested last?

☒ Clinic

☐ Hospital

☐ M1SS

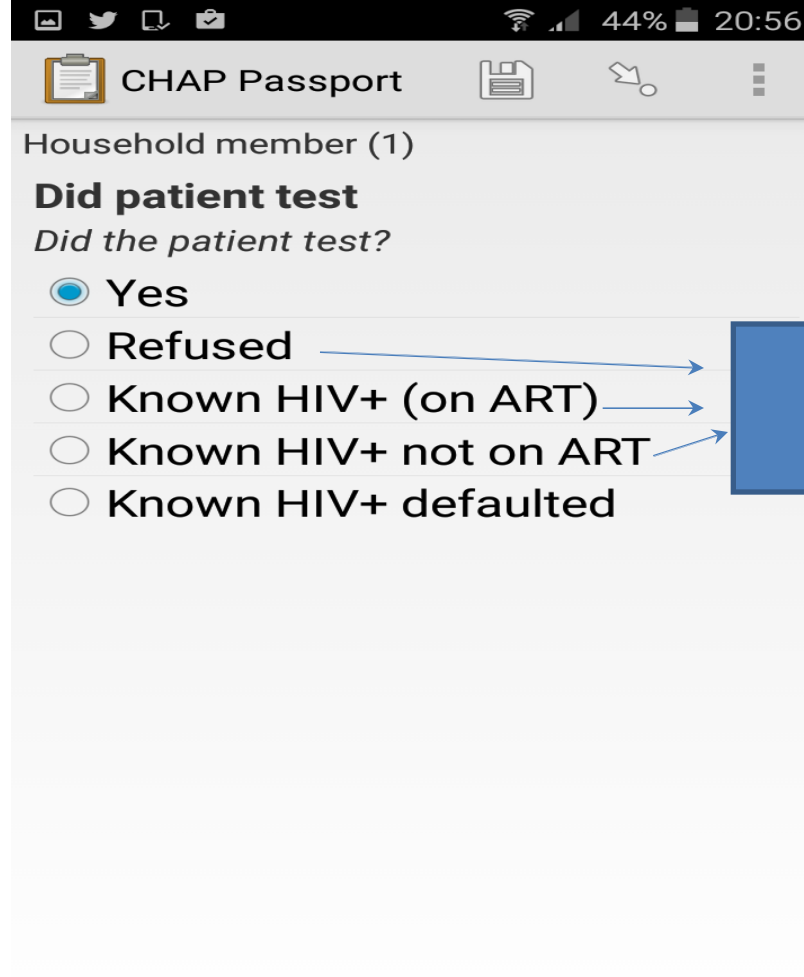
☐ Door-to-door

☐ Fixed site

☐ MMC Camp

☐ Other

Where the latest test was conducted. Select “Other” and enter the location of the test if it not listed on the list.



CHAP Passport

Household member (1)

Did patient test
Did the patient test?

☒ Yes

☐ Refused

☐ Known HIV+ (on ART)

☐ Known HIV+ not on ART

☐ Known HIV+ defaulted

These options will take you to the TB screening information

If the client tested for HIV, select “**Yes**”. If they didn’t, select options accordingly. If the client defaulted, the form will ask you to refer the client back to ART care and then ask you to confirm if you really did so.

CHAP Passport

Household member (1)

Screening test result

What was the screening test result?

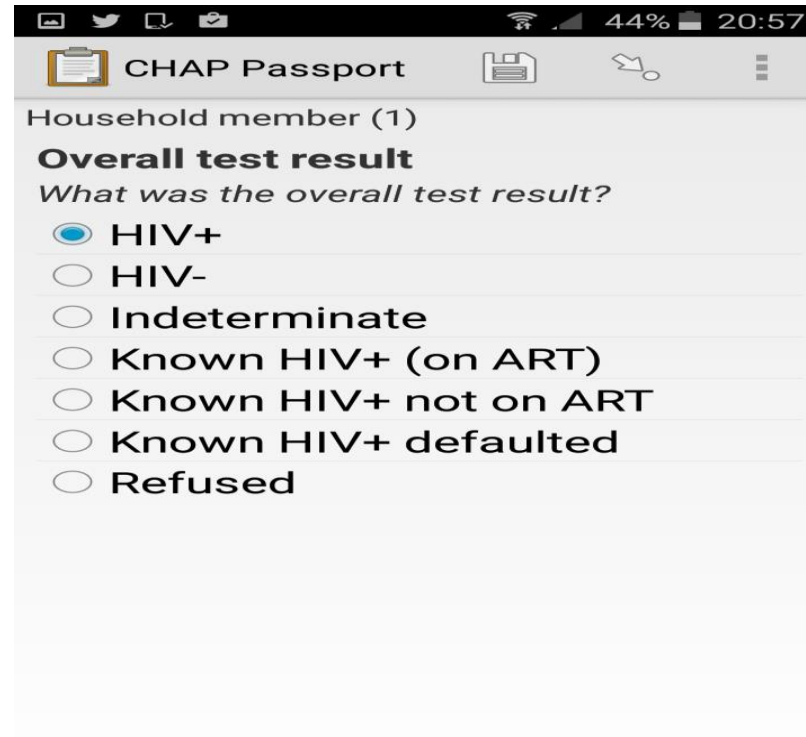
☒ HIV-

☐ HIV+

☐ Indeterminate

What is the outcome of the test?

Who can point out the mistake here?



CHAP Passport

Household member (1)

Overall test result

What was the overall test result?

- ☒ HIV+
- ☐ HIV-
- ☐ Indeterminate
- ☐ Known HIV+ (on ART)
- ☐ Known HIV+ not on ART
- ☐ Known HIV+ defaulted
- ☐ Refused

Provided that the client's first test was negative, the form will go to overall but if it was positive, the form will ask for confirmatory results

CHAP Passport

Household member (1)

TB screening result

What was the result of the TB screening?

☒ Negative

☐ Positive

☐ N/A

UNAZO LEZI-ZIMPAWU EZILANDELAYO?



Uyakhwehlela?

☐


Uyancipha emzimbeni?

☐


Uyajuluka ebusuku?

☐


Unemfiva?

☐


Kungabe ukhona yini umuntu emndenini wakho okewabanesifo sofuba ezinyangeni eziyisithupha ezendlule?

☐

Select the correct results. Select “N/A” if the client is on TB treatment.

CHAP Passport

Household member (1)

STI screening

What was the result of the STI screening?

☐ Negative

☒ Positive

☐ N/A

Select the correct results. Select “N/A” if the client is on STi treatment.

CHAP Passport

Household member (1)

Referred for (Multioption)

What was the patient referred for?

- ☐ HIV
- ☐ TB
- ☐ STI
- ☐ ANC
- ☐ FP
- ☒ No need for referral
- ☐ CHAP Follow-up Visit
- ☐ Other

Who can point out the mistake here?

What is it that you refer the client for? You may choose more than one here. If you choose “Other” you will have to manually enter the reason of referral.

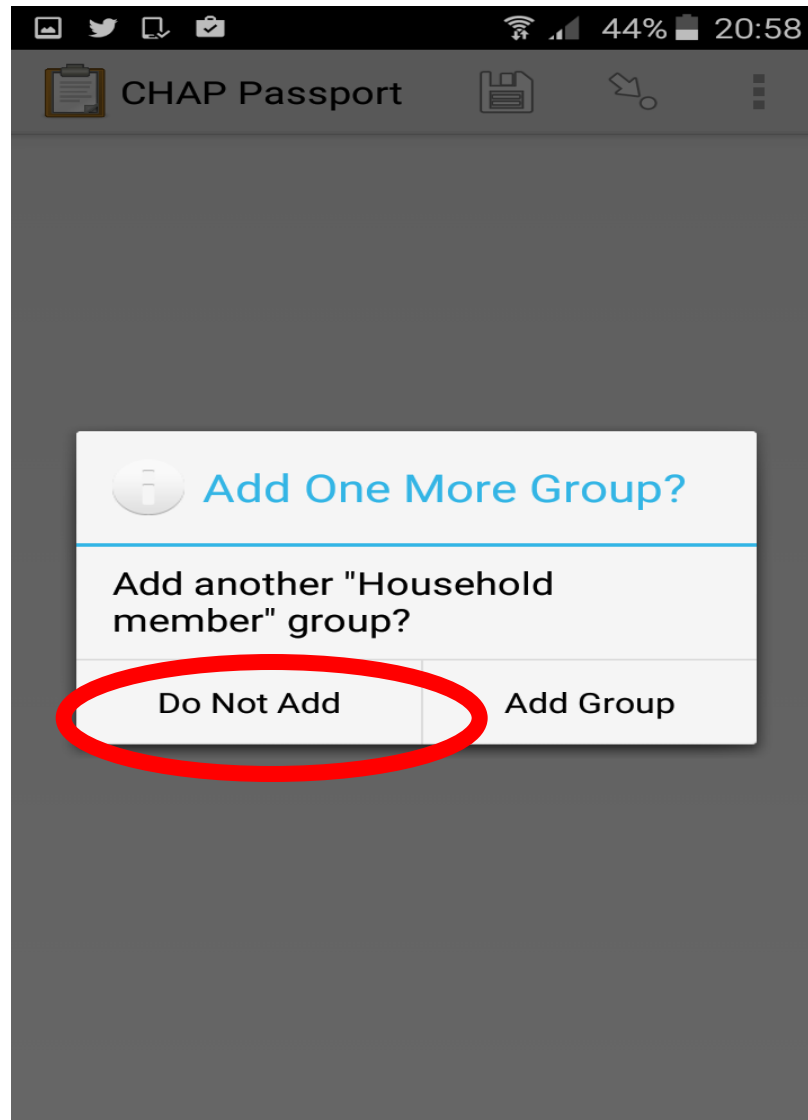
CHAP Passport

Household member (1)

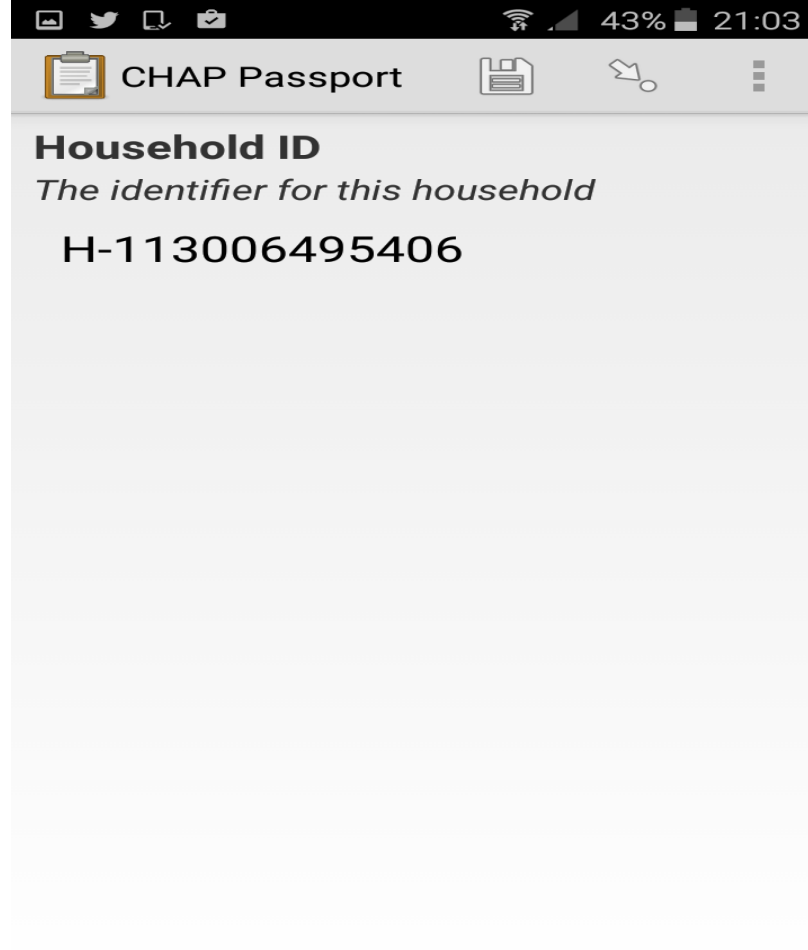
Please write down the Patient ID in the Referral Slip 113006495406-1

☒ OK. Please continue.

This the number you'd write on the referral slip if the client needed to be referred. Tap in the box next to "OK"



If there is another member that wants to test or is screened, then tap on “Add Group”. If NOT, tap on “Do Not Add”.



This note shows you the household ID

CHAP Passport

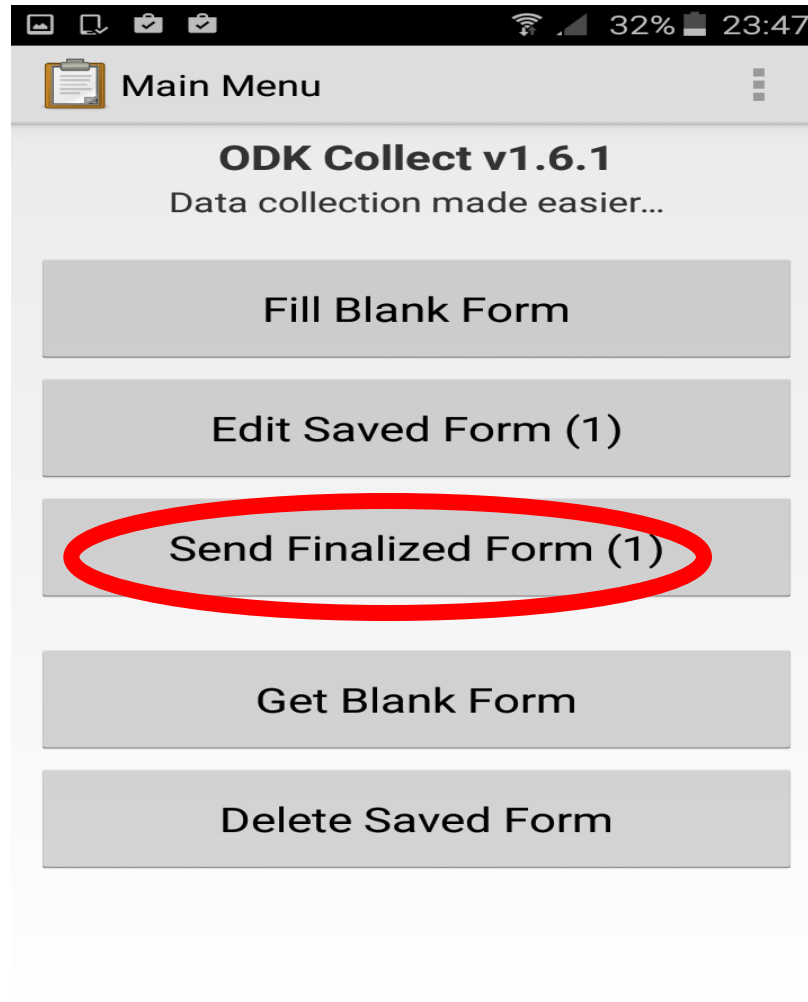
You are at the end of CHAP Passport.

Name this form
CHAP Passport

☒ Mark form as finalized

Save Form and Exit

Tap on "Save Form and exit"



If you have auto-send on, the form will be sent automatically.

Things to remember:

1. Only location and mobile data need to be on. (To save battery)
2. To take location you must be outside so your phone connects easier to the satellites.
3. Once accuracy shows you need to “record location”.
4. You can skip the passport and ID part.
5. Report the phone immediately after it has been stolen/lost. Obtain a police report thereafter and submit to the office to Chris.
6. Never have two “Household heads” in one form.
7. Never use a MISS form unless you have been told so.
8. Never fiddle with General and Admin settings.
9. Never take out the sim card because that may back-date your date on your phone and your encounter dates will be affected.

Can anyone tell me why we never went through the pregnancy part?

Removing someone you added by mistake

CHAP Passport

Household member (1)

Head of household

Are you the head of household?

☐ Yes

☐ No

CHAP Passport

Household member (1)

Head of household

Are you the head of household?

☐ Yes

☐ No

Remove This Group?

Remove group "Household member (1)" and all of its sub-groups?

Cancel **Remove group**

CHAP Passport

Household member (1)

Head of household

Are you the head of household?

☐ Yes

☐ No

Edit Prompt

Remove response

Remove group

Add New Group?

Add a new "Household member" group?

Do Not Add Add Group

Spot a mistake(s)

← → ↻ Secure | <https://www.msfnzdb.org.za/openmrs/module/htmlformentry/htmlFormEntry.form?encounterId=654773> ☆ ⋮

Number of times tested	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 [X] More than 5 <input type="checkbox"/> Unknown
Last tested at:	<input type="checkbox"/> Clinic [X] Hospital <input type="checkbox"/> M1SS <input type="checkbox"/> D2D <input type="checkbox"/> Fixed Site <input type="checkbox"/> Unknown <input type="checkbox"/> MMC Camp <input type="checkbox"/> Other _____
Did the patient test?	<input type="checkbox"/> No Known HIV+ defaulted ART <input type="checkbox"/> No Known HIV+ not on ART <input type="checkbox"/> No Known HIV+ on ART <input type="checkbox"/> No Known HIV+ trt unknown <input type="checkbox"/> Refused <input type="checkbox"/> UNKNOWN [X] Yes
Screening test result	[X] A (HIV-) <input type="checkbox"/> B (HIV+) <input type="checkbox"/> Indeterminate
Confirmatory test result	<input type="checkbox"/> A (HIV-) <input type="checkbox"/> B (HIV+) <input type="checkbox"/> Indeterminate
Overall HIV test result	[X] HIV+ <input type="checkbox"/> HIV- <input type="checkbox"/> Indeterminate <input type="checkbox"/> Known HIV+ (on ART) <input type="checkbox"/> Known HIV+ defaulted <input type="checkbox"/> Known HIV+ not on ART <input type="checkbox"/> Known HIV+ trt unknown <input type="checkbox"/> Refused <input type="checkbox"/> UNKNOWN <input type="checkbox"/> n/a
TB Screening Result	[X] NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> n/a
STI Screening	[X] NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> n/a
If female, ask if pregnant (verbal response)	[X] No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> n/a
If female, pregnancy test done (result of test)	[X] Negative <input type="checkbox"/> Positive <input type="checkbox"/> N/A
Referred	[X] Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN <input type="checkbox"/> n/a
Referred for	[X] HIV <input type="checkbox"/> TB <input type="checkbox"/> HIV AND TB <input type="checkbox"/> N/A <input type="checkbox"/> STI <input type="checkbox"/> ANC <input type="checkbox"/> FP <input type="checkbox"/> No need for referral <input type="checkbox"/> CHAP follow-up visit <input type="checkbox"/> Other _____
PHC referred to	<input type="checkbox"/> Eshowe Gateway Clinic <input type="checkbox"/> Eshowe Municipal Clinic <input type="checkbox"/> Eshowe Hospital <input type="checkbox"/> King Dinizulu Clinic <input type="checkbox"/> Mathungela Clinic <input type="checkbox"/> Mbongolwane Hospital <input type="checkbox"/> Ngudwini Clinic <input type="checkbox"/> Nkweleni Clinic [X] Ntumeni Clinic <input type="checkbox"/> Osungulweni Clinic <input type="checkbox"/> Samungu Clinic <input type="checkbox"/> Siphilile Clinic <input type="checkbox"/> UNKNOWN <input type="checkbox"/> Other _____
Notes:	

Spot a mistake(s)

Secure | <https://www.msfnzdb.org.za/openmrs/module/htmlformentry/htmlFormEntry.form?encounterId=654773>

Number of times tested ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 **[X] More than 5** ☐ Unknown

Last tested at: ☐ Clinic **[X] Hospital** ☐ M1SS ☐ D2D ☐ Fixed Site ☐ Unknown ☐ MMC
Camp ☐ Other _____

Did the patient test? ☐ No Known HIV+ defaulted ART ☐ No Known HIV+ not on ART ☐ No Known HIV+ on ART ☐ No Known HIV+ trt unknown ☐ Refused ☐ UNKNOWN **[X] Yes**

Screening test result **[X] A (HIV-)** ☐ B (HIV+) ☐ Indeterminate

Confirmatory test result ☐ A (HIV-) ☐ B (HIV+) ☐ Indeterminate

Overall HIV test result **[X] HIV+** ☐ HIV- ☐ Indeterminate ☐ Known HIV+ (on ART) ☐ Known HIV+ defaulted ☐ Known HIV+ not on ART ☐ Known HIV+ trt unknown ☐ Refused ☐ UNKNOWN ☐ n/a

TB Screening Result **[X] NEGATIVE** ☐ POSITIVE ☐ UNKNOWN ☐ n/a

STI Screening **[X] NEGATIVE** ☐ POSITIVE ☐ n/a

If female, ask if pregnant (verbal response) **[X] No** ☐ Yes ☐ Unsure ☐ n/a

If female, pregnancy test done (result of test) **[X] Negative** ☐ Positive ☐ N/A

Referred **[X] Yes** ☐ No ☐ UNKNOWN ☐ n/a

Referred for **[X] HIV** ☐ TB ☐ HIV AND TB ☐ N/A ☐ STI ☐ ANC ☐ FP ☐ No need for referral ☐ CHAP follow-up visit ☐ Other _____

PHC referred to ☐ Eshowe Gateway Clinic ☐ Eshowe Municipal Clinic ☐ Eshowe Hospital ☐ King Dinizulu Clinic ☐ Mathungela Clinic ☐ Mbongolwane Hospital ☐ Ngudwini Clinic ☐ Nkweleni Clinic **[X] Ntumeni Clinic** ☐ Osungulweni Clinic ☐ Samungu Clinic ☐ Siphilile Clinic ☐ UNKNOWN ☐ Other _____

Notes:

français | español | português | English (United Kingdom) | italiano | English (South Africa) Last Build: 2014-07-24 15:26 Version: 1.9.8 Build fd241c Powered by OpenMRS

Spot a mistake(s)

1

Can call this number? ☐ No ☒ **Yes**
Can send SMS to this number? ☐ No ☐ Yes

Previous HIV Test / Date ☒ **Yes** ☐ No ☐ UNKNOWN 01/01/2016

Number of times tested ☐ 1 ☐ 2 ☒ **3** ☐ 4 ☐ 5 ☐ More than 5 ☐ Unknown

Last tested at: ☐ Clinic ☒ **Hospital** ☐ M1SS ☐ D2D ☐ Fixed Site ☐ Unknown ☐ MMC
Camp ☐ Other _____

Did the patient test? ☐ No Known HIV+ defaulted ART ☐ No Known HIV+ not on ART ☐ No Known HIV+ on ART ☐ No Known HIV+ trt unknown ☐ Refused ☐ UNKNOWN ☒ **Yes**

Screening test result ☐ A (HIV-) ☒ **B (HIV+)** ☐ Indeterminate

Confirmatory test result ☐ A (HIV-) ☒ **B (HIV+)** ☐ Indeterminate

Overall HIV test result ☒ **HIV+** ☐ HIV- ☐ Indeterminate ☐ Known HIV+ (on ART) ☐ Known HIV+ defaulted ☐ Known HIV+ not on ART ☐ Known HIV+ trt unknown ☐ Refused ☐ UNKNOWN ☐ n/a

TB Screening Result ☒ **NEGATIVE** ☐ POSITIVE ☐ UNKNOWN ☐ n/a

STI Screening ☒ **NEGATIVE** ☐ POSITIVE ☐ n/a

If female, ask if pregnant (verbal response) ☐ No ☐ Yes ☐ Unsure ☐ n/a

If female, pregnancy test done (result of test) ☐ Negative ☐ Positive ☐ N/A

Referred ☐ Yes ☐ No ☐ UNKNOWN ☒ **n/a**

Referred for ☐ HIV ☐ TB ☐ HIV AND TB ☐ N/A ☐ STI ☐ ANC ☐ FP ☒ **No need for referral** ☐ CHAP follow-up visit ☐ Other _____

PHC referred to ☐ Eshowe Gateway Clinic ☐ Eshowe Municipal Clinic ☐ Eshowe Hospital ☐ King Dinizulu Clinic ☐ Mathungela Clinic ☐ Mbongolwane Hospital ☐ Ngudwini Clinic ☐ Nkweleni Clinic ☐ Ntumeni Clinic ☐ Osungulweni Clinic ☐ Samungu Clinic ☐ Siphilile



Spot a mistake(s)

1

Can call this number? ☐ No ☒ Yes
Can send SMS to this number? ☐ No ☐ Yes

Previous HIV Test / Date ☒ Yes ☐ No ☐ UNKNOWN 01/01/2016

Number of times tested ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ More than 5 ☐ Unknown

Last tested at: ☐ Clinic ☒ Hospital ☐ M1SS ☐ D2D ☐ Fixed Site ☐ Unknown ☐ MMC
Camp ☐ Other _____

Did the patient test? ☐ No Known HIV+ defaulted ART ☐ No Known HIV+ not on ART ☐ No Known HIV+ on ART ☐ No Known HIV+ trt unknown ☐ Refused ☐ UNKNOWN ☒ Yes

Screening test result ☐ A (HIV-) ☒ B (HIV+) ☐ Indeterminate

Confirmatory test result ☐ A (HIV-) ☒ B (HIV+) ☐ Indeterminate

Overall HIV test result ☒ HIV+ ☐ HIV- ☐ Indeterminate ☐ Known HIV+ (on ART) ☐ Known HIV+ defaulted ☐ Known HIV+ not on ART ☐ Known HIV+ trt unknown ☐ Refused ☐ UNKNOWN ☐ n/a

TB Screening Result ☒ NEGATIVE ☐ POSITIVE ☐ UNKNOWN ☐ n/a

STI Screening ☒ NEGATIVE ☐ POSITIVE ☐ n/a

If female, ask if pregnant (verbal response) ☐ No ☐ Yes ☐ Unsure ☐ n/a

If female, pregnancy test done (result of test) ☐ Negative ☐ Positive ☐ N/A

Referred ☐ Yes ☐ No ☐ UNKNOWN ☒ n/a

Referred for ☐ HIV ☐ TB ☐ HIV AND TB ☐ N/A ☐ STI ☐ ANC ☐ FP ☒ No need for referral ☐ CHAP follow-up visit ☐ Other _____

PHC referred to ☐ Eshowe Gateway Clinic ☐ Eshowe Municipal Clinic ☐ Eshowe Hospital ☐ King Dinizulu Clinic ☐ Mathungela Clinic ☐ Mbongolwane Hospital ☐ Ngudwini Clinic ☐ Nkweleni Clinic ☐ Ntumeni Clinic ☐ Osungulweni Clinic ☐ Samungu Clinic ☐ Siphilile



Spot a mistake(s)

Name	Noxolo Mchunu	Date of Birth (DD/MM/YYYY)	24/Jul/1991 Age: 4 Gender F
SA ID Number	9107240711089 8402201221082 9204255872086 7202220749084 9410101634084 9602230352084		
Passport Number	Eshowe		
Cellphone Number 1	0714360103		
	Can call this number? [] No [X] Yes		
	Can send SMS to this number? [] No [] Yes		
Previous HIV Test / Date	[X] Yes [] No [] UNKNOWN	18/01/2017	
Number of times tested	[] 1 [] 2 [] 3 [] 4 [] 5 [X] More than 5 [] Unknown		
Last tested at:	[] Clinic [] Hospital [] M1SS [X] D2D [] Fixed Site [] Unknown [] MMC Camp [] Other _____		
Did the patient test?	[] No Known HIV+ defaulted ART [] No Known HIV+ not on ART [] No Known HIV+ on ART [] No Known HIV+ trt unknown [] Refused [] UNKNOWN [X] Yes		
Screening test result	[X] A (HIV-) [] B (HIV+) [] Indeterminate		
Confirmatory test result	[] A (HIV-) [] B (HIV+) [] Indeterminate		
Overall HIV test result	[] HIV+ [X] HIV- [] Indeterminate [] Known HIV+ (on ART) [] Known HIV+ defaulted [] Known HIV+ not on ART [] Known HIV+ trt unknown [] Refused [] UNKNOWN [] n/a		
TB Screening Result	[X] NEGATIVE [] POSITIVE [] UNKNOWN [] n/a		
STI Screening	[X] NEGATIVE [] POSITIVE [] n/a		
If female, ask if pregnant (verbal response)	[X] No [] Yes [] Unsure [] n/a		
If female, pregnancy test done (result of test)	[X] Negative [] Positive [] N/A		
Referred	[] Yes [] No [] UNKNOWN [X] n/a		

Spot a mistake(s)

Name	Noxolo Mchunu	Date of Birth (DD/MM/YYYY)	24/Jul/1991 Age: 4 Gender F
SA ID Number	9107240711089 8402201221082 9204255872086 7202220749084 9410101634084 9602230352084		
Passport Number	Eshowe		
Cellphone Number 1	0714260103		
	Can call this number? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	Can send SMS to this number? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Previous HIV Test / Date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN 18/01/2017		
Number of times tested	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> More than 5 <input type="checkbox"/> Unknown		
Last tested at:	<input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> MISS <input checked="" type="checkbox"/> D2D <input type="checkbox"/> Fixed Site <input type="checkbox"/> Unknown <input type="checkbox"/> MMC Camp <input type="checkbox"/> Other _____		
Did the patient test?	<input type="checkbox"/> No Known HIV+ defaulted ART <input type="checkbox"/> No Known HIV+ not on ART <input type="checkbox"/> No Known HIV+ on ART <input type="checkbox"/> No Known HIV+ trt unknown <input type="checkbox"/> Refused <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> Yes		
Screening test result	<input checked="" type="checkbox"/> A (HIV-) <input type="checkbox"/> B (HIV+) <input type="checkbox"/> Indeterminate		
Confirmatory test result	<input type="checkbox"/> A (HIV-) <input type="checkbox"/> B (HIV+) <input type="checkbox"/> Indeterminate		
Overall HIV test result	<input type="checkbox"/> HIV+ <input checked="" type="checkbox"/> HIV- <input type="checkbox"/> Indeterminate <input type="checkbox"/> Known HIV+ (on ART) <input type="checkbox"/> Known HIV+ defaulted <input type="checkbox"/> Known HIV+ not on ART <input type="checkbox"/> Known HIV+ trt unknown <input type="checkbox"/> Refused <input type="checkbox"/> UNKNOWN <input type="checkbox"/> n/a		
TB Screening Result	<input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> n/a		
STI Screening	<input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> n/a		
If female, ask if pregnant (verbal response)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> n/a		
If female, pregnancy test done (result of test)	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> N/A		
Referred	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> n/a		

FAKA LE-INFORMATION KWI-PHONE YAKHO

Ungena kumuzi wakaMkhize oseShowe ubaba oyinhloko igama lakhe nguSizwe. Uneminyaka ewu50 owakuWard 14 isigodi sendawo ikwaMfana. Eduze kwesonto laseLuthela. I-clinic eseduze nakwakhe iseKing Dinizulu.

i-ID yakhe ngu-1234567890987. Akanankinga nokufonela kwinamba yakhe ewu-0789809875. Akakaze ahlolele i-HIV and uyanqaba ukuTesta njengamanje kodwa ungamuScreen(a) for TB and Sti's akanankinga. U-Positive for TB and negative for STI's. Uthanda ukuya eShowe Hospital ukuyahlolwa is'khwehlela.

Ngesikhathi ungakaqedi nge-form lakho akutshele ukuthi kahle kahle yena uyayisebenza imishanguzo. Empilweni useTeste kaningi HIV negative kodwa last year mhlaka 1 January 2016 uteste HIV positive kwa-Dr Ntimbane. Nimfice eyedwa ekhaya.

UNGALITHUMELI LELI-FORM!

N G I Y A B O N G A