

1. Visit Date (DD/MM/YYYY) 01 / 12 / 2005

2. Patient Name Smith Theresa  
Surname Other Names

3. Hospital (Unit) No. 957355 4. ID A B J - 0 0 2 - 0 0 0 1 1  
State Facility No. Serial Enrollment No.

5. Sex  F  M

6. Age 3 0 years If <5 years   months

7. Date of Birth (DD/MM/YYYY) 14 / 07 / 1975

**GENERAL (FILLED FOR ADULT AND PAEDIATRIC PATIENT)**

8. Where does the patient live? Ward/Village: Maitama Address: 1000 Aqiyi Ironsi St.  
Town name: Abuja Ward/Village: Maitama  
Local Government Area (LGA): \_\_\_\_\_ Town name: Abuja  
State: FACT State: FACT  
Address: 1000 Aqiyi Ironsi St. Relationship: Husband  
Phone number: 09-413-5600 Phone number: 09-423-5600

9. Contact person/next of kin: John Smith  
Name

10. Marital status:  N/A  Widowed  Single  Separated  Married  Divorced

11. Educational level:  N/A  Qur'anic  None  Secondary  Started Primary  Post Secondary  Completed Primary  Other

12. Preferred Language: English

13. Patient's job/occupation status:  N/A  Retired  Unemployed  Student  Employed  Other

14. How long would it take you to arrive at the hospital from home?  
1 hours 25 minutes

16. Service entry into program:  Private  STI  Casualty  Current clinic patient  TB  OPD  VCT  Self-referral  Ward  ANC/PMTCT  Substance use  HBC

15 a. How many dependents are at home? 0 5

15 b. How many of them are under 18 years old? 0 3

**FILLED FOR PAEDIATRIC PATIENT ONLY (No. 17 - 22)**

17. With whom does the child live?  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

18 a. Is the mother of child alive?  Y  N  
If yes: Name \_\_\_\_\_  
Address \_\_\_\_\_  
(if different from no. 8) \_\_\_\_\_

18 b. Is the father of child alive?  Y  N  
If yes: Name \_\_\_\_\_  
Address \_\_\_\_\_  
(if different from no. 8) \_\_\_\_\_

19. Child's parents/caregivers are:  
Married:  Y  N  
Living together:  Y  N

20. Job/occupation status of child's parents/caregiver:  
Mother (job code)   (If 1, specify \_\_\_\_\_)  
Father (job code)   (If 1, specify \_\_\_\_\_)  
Caregiver (job code)   (If 1, specify \_\_\_\_\_)

<b>Job Codes:</b>	1 Employed	3 Retired
	2 Unemployed	4 Other

21. Educational level of child's parents/caregiver:  
Mother (educational code)   (If 7, specify \_\_\_\_\_)  
Father (educational code)   (If 7, specify \_\_\_\_\_)  
Caregiver (educational code)   (If 7, specify \_\_\_\_\_)

<b>Educational Codes:</b>	1 Started Primary	5 Qur'anic
	2 Completed Primary	6 None
	3 Secondary	7 Other
	4 Post Secondary	

22. How many siblings does the child have?