

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

2. Patient Name Smith Simon
Surname Other Names

3. Hospital (Unit) No. 957354 4. ID A B J - 0 0 2 - 0 0 0 1 0
State Facility No. Serial Enrollment No.

5. Sex F M

6. Age years If <5 years months

7. Date of Birth (DD/MM/YYYY) 20 / 12 / 2000

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: Father
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?
 hours 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?

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

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

17. With whom does the child live? Name: John Smith Relationship: Father

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

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

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

Job Codes:	1 Employed	3 Retired
	2 Unemployed	4 Other

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

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 _____)

Educational Codes:	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?