

1. Visit Date (DD/MM/YYYY) _____ / _____ /20____

2. Patient Name _____
Surname _____ Other Names _____

3. Hospital (Unit) No. _____

4. ID _____ - _____ - _____
State Facility No. Serial Enrollment No.

5. Sex F M

6. Age _____ years If <5 years _____ months

7. Date of Birth (DD/MM/YYYY) _____ / _____ / _____

GENERAL (FILLED FOR ADULT AND PAEDIATRIC PATIENT)

8. Where does the patient live?
Ward/Village: _____
Town name: _____
Local Government Area (LGA): _____
State: _____
Address: _____
Phone number: _____

9. Contact person/next of kin: _____
Name _____
Address: _____
Ward/Village: _____
Town name: _____
State: _____
Relationship: _____
Phone number: _____

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: _____

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?
_____ hour(s) _____ 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: _____
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 _____)

Job Codes:	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 _____)

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? _____