

## HEALTH ASSESSMENT OF THE ADULT (Complete for all Adults)

### MEDICAL HISTORY

**Interviewer:**

For this section, ask the caregiver about his or her own health. Use codes : Yes=1 No=2 Unknown=8.

Have you had any of the following symptoms **IN THE PAST 6 MONTHS**:

- Weight loss? ☐ MAF572
- More than 30 days of diarrhoea? ☐ MAF573
- More than 30 days of fever? ☐ MAF574
- A cough for more than 30 days? ☐ MAF575
- Have you been admitted to hospital **in the past 6 months**? ☐ MAF584
- If yes, reason for admission: \_\_\_\_\_ MAF585

Have you **EVER** had any of the following conditions:

- Severe rash over most of your body? ☐ MAF576
- Herpes Zoster (Shingles)? ☐ MAF577
- Thrush? ☐ MAF578
- Swollen glands in more than one place? ☐ MAF579
- Tuberculosis? ☐ MAF580
- Severe pneumonia? ☐ MAF581
- Meningitis? ☐ MAF582
- Do you have Diabetes ? ☐ MAF586a
- Do you have Hypertension? ☐ MAF586b
- Do you have Arthritis? ☐ MAF586c
- Have you been diagnosed with Cancer before? ☐ MAF583
- If Other, specify: \_\_\_\_\_ MAF587
- Are you taking any medication except Antiretrovirals? ☐ MAF59
- If yes, **name the medication**

\_\_\_\_\_ MAF598 \_\_\_\_\_ MAF599 \_\_\_\_\_ MAF600

Have you **ever** been tested for HIV? ☐ Yes ☐ no ☐ don't know MAF588

If **yes**,

When were you last tested?   /   /    MAF589

What were the results? (Codes: 1=Pos 2=Neg 3=Unknown)  MAF590

What was your last CD4 count?     MAF591

Are you currently receiving any treatment for HIV? ☐ MAF592

**Interviewer:**

**For MAF 593-596:** If yes to *MAF592* and adult is unable to name medicine, use visual tool provided to obtain response. If adult does not recognize medicines in visual tool, leave space provided blank.

If yes, name the medication:

\_\_\_\_\_ *MAF593*

\_\_\_\_\_ *MAF594*

\_\_\_\_\_ *MAF595*

\_\_\_\_\_ *MAF596*

**Interviewer:**

**For MAF 322:** enter N/A=9, if caregiver being interviewed is male

Are you currently pregnant?

Codes: No=1 Yes=2 Don't know=8 N/A=9

☐ *MAF322*

Does the adult appear ill or unhealthy?

Codes: No=1 Yes, not quite healthy=2  
Yes, appears ill=3 Uncertain=8

☐ *MAF323*

Rate the presence of the following conditions: Pallor ☐ *MAF602* Lymphadenopathy ☐ *MAF606*

Codes: No = 1 Yes = 2 Don't Know = 3

## Voluntary Councelling Testing Form for ADULT

Pretest counseling: accepted test ☐ not accepted test ☐ to be reviewed ☐ *MCVCT1*

If not accepted record reason \_\_\_\_\_ *MCVCT2*

If previously done: Date of last test:  /  /  *MCVCT3*

Result: POS ☐ NEG ☐ Indeterminate ☐ Unwilling to disclose ☐ *MCVCT4*

Adult\_Rapid test # 1: POS ☐ NEG ☐ ☐ Indeterminate. *MCVCT5*

Adult\_Rapid test # 2: POS ☐ NEG ☐ ☐ Indeterminate *MCVCT6*

Post-test counseling done by \_\_\_\_\_ *MCVCT9*

HIV Testing Results Summary (1=Pos, 2=Neg, 3=Discordant, 4=Declined, 5=consent pending) *MAF617*

Clinical staging: ☐ *MAF620*

Codes: Stage 1=1; Stage 2=2; Stage 3=3; Stage 4=4; Unknown=5

Reason for staging: \_\_\_\_\_ *MAF621*

Feedback: \_\_\_\_\_

Any additional notes: \_\_\_\_\_