

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

