ChildTAG #: ☐☐☐☐☐☐☐☐   AdultTAG #: ☐☐☐☐☐☐☐☐

IMMUNITY HISTORY, VCT AND ANAEMIA FORM (The Asenze Study Phase 2)

Adult's Name: ☐   Adult's Surname: ☐

Child's Name: ☐   Child's Surname: ☐

Completed by: ☐   Date Completed: ☐☐ / ☐☐ / ☐☐☐☐

Checked by: ☐   Date Checked: ☐☐ / ☐☐ / ☐☐☐☐

Child's Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐   *CHDOB*
 Day   *Month*   *Year*

Adult's Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐   *VCTDOB*
 Day   *Month*   *Year*

TICK WHICH ONE *VCT1*

1. Completed Fully (Ethnic Zulu) ☐
2. Completed Fully (Fluent in Zulu, from other ethnic group) ☐
3. Partially Completed
   a. Refused (no reason) ☐
   b. Refused (Tired) ☐
   c. Unable to do some of tasks due to disability ☐
   d. Ill/Unwell ☐
   e. Not fluent in Zulu ☐
4. Not started
   a. Postponed by Tester ☐
   b. Refused (no reason) ☐
   c. Refused (Tired) ☐
   d. Unable due to disability ☐
   e. Ill/unwell ☐
   f. Not Zulu speaking ☐

Phase 2 Form Inventory info:
Units of analysis and Respondents:
   Child about Child
   Child about Adult
   Adult about Adult

THE IMMUNITY HISTORY OF THE CHILD

Was the child tested for HIV at Asenze in Phase 1? ☐ *MAF553*
  Codes: Yes = 1   No = 2   Unknown = 3

If yes: Result of testing ☐ *MAF555*
  Codes: Positive = 1   Negative = 2   Discordant = 3   D/K = 9

IF THE CHILD WAS HIV NEGATIVE IN PHASE 1 THEN GO TO THE ADULT'S SECTION.
IF CHILD IS HIV POSITIVE FROM PHASE 1 OR BEFORE THAT THEN COMPLETE THIS SECTION ONLY.
IF THE CHILD WAS NOT TESTED IN PHASE 1 THEN COMPLETE THE WHOLE CHILD SECTION.

If known HIV positive child (use medical record to document the following, if not available use report from caregiver):

Last CD4 count ☐☐☐ *MAF557* Date done ☐☐ / ☐☐ / ☐☐☐☐ *MAF613*

Last CD4 percentage: ☐☐ *MAF629* Date done ☐☐ / ☐☐ / ☐☐☐☐ *MAF613A*

Is the child on Bactrim prophylaxis? ☐ no ☐ yes ☐ unknown *MAF558*

Is the child on ART? ☐ no ☐ yes ☐ unknown *MAF559*

If yes, (*to MAF559*) Note the date started (**DD / MM / YYYY**): *MAF560*

Medication used: _____ *MAF561*

_____ *MAF562*

_____ *MAF563*

Is the child on any other medication (not mentioned above) ☐ *MAF564*

wer:

ror MAF 546-552: *Use codes* : No=1   Yes=2   Unknown=8.
Ask the caregiver about the child's health in the past 6 months.

In the past 6 months,

Has the child lost weight? ☐ *MAF546*

Has the child had diarrhoea for more than 14 days? ☐ *MAF547*

Has the child been coughing for more than 14 days? ☐ *MAF548*

Has the child been admitted to hospital? ☐ *MAF549*

Has the child had any ear infections draining pus from the ear? ☐ *MAF550*

Has the child had Oral thrush? ☐ *MAF551*

Has the child had any visible lumps that you can feel under the skin? ☐ *MAF552*

On examination of the child is there evidence of:

Oral candidiasis ☐ *MAF242*   Lymphadenopathy ☐ *MAF570*

Hepatomegaly ☐ *MAF254*   Splenomegaly ☐ *MAF255*

Voluntary Councelling Testing Form for CHILD

Pretest counseling: accepted test ☐   not accepted test ☐   to be reviewed ☐ *CHVCT1*

If declined test, specify reason _____ *CHVCT2*

If VCT previously done: Date: ☐☐ / ☐☐ / ☐☐☐☐ *(dd mm yyyy)* *CHVCT3*

If previously done, result: POS ☐   NEG ☐   Indeterminate ☐   Unwilling to disclose *CHVCT4*

CHILD_Rapid test # 1: POS ☐   NEG ☐   Indeterminate ☐ *CHVCT5*

CHILD_Rapid test # 2: POS ☐   NEG ☐   Indeterminate ☐ *CHVCT6*

Hemoglobin ☐☐.☐ g /dL *MAF611*

Post-test counseling done by _____ *CHVCT9*

HIV Testing Results Summary   **(1=Pos, 2=Neg, 3=Discordant, 4=Declined 5=consent pending)** ☐ *MAF612*

Clinical staging: ☐ *MAF615*
Codes: Stage 1=1;   Stage 2=2;   Stage 3=3;   Stage 4=4;   Unknown=5

Reason for staging: _____ *MAF616*

Any additional notes:_____