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|  | **KZN DOOR-TO-DOOR TESTING PASSPORT** | | | | |
| **D2D HOUSEHOLD NUMBER** | **HOMESTEAD NR**. | **Today’s Date(DD/MM/YYYY)** | **CHAP CODE** | **ACCESS DATABASE #** |
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| **PART 1: GENERAL INFORMATION** |

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| Household head | | Date of birth  (DD/MM/YYYY)  / / | Place of birth | Gender  M / F | (a) Number of household members that spent most nights in the past 3 months in this household **\_\_\_\_\_\_\_\_** (b) Number of household members that spent most nights in the past 3 months away from this household **\_\_\_\_\_\_\_\_** (c) Total number of household members **\_\_\_\_\_\_\_\_** (d) Number of household members present at time of visit **\_\_\_\_\_\_\_\_**  (e) Number of babies born to household members within the past 6 months **\_\_\_\_\_\_\_\_**  (f) Number of pregnant household members **\_\_\_\_\_\_\_\_** (g) Number of adult deaths (15 years and older) among household members within the past 6 months **\_\_\_\_\_\_\_\_** (h) Number of child deaths (5 years and less) among household members within the past 6 months **\_\_\_\_\_\_\_\_** |
|
| Area identifier | Izigodi | Ward | Landmark | |
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| **PREFERRED PHC** | ( 4 ) Mathungela Clinic | ( 8 ) Ntumeni Clinic | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ( 1 ) Eshowe Hospital | ( 5 ) Mbongolwane Hospital | ( 9 ) Osungulweni Clinic |
| ( 2 ) Eshowe Municipal Clinic | ( 6 ) Ngudwini Clinic | ( 10 ) Samungu Clinic |
| ( 3 ) King DiniZulu Clinic | ( 7 ) Nkwalini Clinic | ( 11 ) Siphilile Clinic |  |  |

***\*A visitor is anyone that is not a household member***

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| **PART 2: REGISTRATION**  1 |

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| First Name(s): | | | | | | | | | | | | | | | Previous HIV test /  Date  (MM/YYYY) | Pre-test  Counselling & consent | Screening test result | Confirmatory  test  result | Overall  HIV  test result | Known HIV+  Y / N | Post-test  counselling done | | TB Screening Result | Pregnant | Referred  to |
| Surname: | | | | | | | | | | | | | | |
| Date of Birth  (DD/MM/YYYY) | / / | | | | | Gender | | M / F | | | | Age | | | Y / N | Y / N | A / B | A / B | A / B | On ART  Not on ART  Defaulted | Y / N | | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  | |  | **–** |  |  |  | |  |  | |  |  | / |  |
| Cell phone number 2 |  |  | |  | **–** |  |  |  | |  |  | |  |  | Visitor?  Y / N | Where did you spend most nights in the past 3 months? | | | | In the household described above?  Y / N | | If elsewhere please state location: | | | |
| Can we contact you in the future?  2 | | | By phone?  Y / N | | | | | | By SMS?  Y / N | | | | | | Are you planning to travel outside of your household in the next 6 months for more than a month? | | | | Y / N | | If “Yes”, to which area? | | | |

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| Surname: | | | | | | | | | | | | | | |
| Date of Birth  (DD/MM/YYYY) | / / | | | | | Gender | | M / F | | | | Age | | | Y / N | Y / N | A / B | A / B | A / B | On ART  Not on ART  Defaulted | Y / N | | – / + | Y / N | Y / N |
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| Cell phone number 2 |  |  | |  | **–** |  |  |  | |  |  | |  |  | Visitor?  Y / N | Where did you spend most nights in the past 3 months? | | | | In the household described above?  Y / N | | If elsewhere please state location: | | | |
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| First Name(s):  3 | | | | | | | | | | | | | | | Previous HIV test /  Date  (MM/YYYY) | Pre-test  Counselling & consent | Screening test result | Confirmatory  test  result | Overall  HIV  test result | Known HIV+  Y / N | Post-test  counselling done | | TB Screening Result | Pregnant | Referred  to |
| Surname: | | | | | | | | | | | | | | |
| Date of Birth  (DD/MM/YYYY) | / / | | | | | Gender | | M / F | | | | Age | | | Y / N | Y / N | A / B | A / B | A / B | On ART  Not on ART  Defaulted | Y / N | | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  | |  | **–** |  |  |  | |  |  | |  |  | / |  |
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| Date of Birth  (DD/MM/YYYY) | / / | | | | | Gender | | M / F | | | | Age | | | Y / N | Y / N | A / B | A / B | A / B | On ART  Not on ART  Defaulted | Y / N | | – / + | Y / N | Y / N |
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| Surname: | | | | | | | | | | | | | | |
| Date of Birth  (DD/MM/YYYY) | / / | | | | | Gender | | M / F | | | | Age | | | Y / N | Y / N | A / B | A / B | A / B | On ART  Not on ART  Defaulted | Y / N | | – / + | Y / N | Y / N |
| Cell phone number 1 |  |  | |  | **–** |  |  |  | |  |  | |  |  | / |  |
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| Cell phone number 1 |  |  | |  | **–** |  |  |  | |  |  | |  |  | / |  |
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