

Validation of a Screening Tool Used to Identify Children Living with HIV in High Volume Outpatient Departments in Malawi

Screening Data Collection Form

Participant Study ID number: _____ - _____

Enrollment date: / / (dd-mm-yy) Site ID: Interviewer ID:

Screening Data Collection Form

Start Time: __ : __

Ensure that the CONSENT Form is signed before completing this form.

Demographic Information

Number	Question	Answer
1	Who is the respondent?	0=Parent 1=Primary Caregiver other than parent
2	What is your relationship to the child?	0=Mother 1=Father 2=Grandparent 3=Sibling 4=Other Relative 5=Friend/Neighbor 6=Self/Child 7=Other, please specify: _____
3	What is your gender?	0=Female 1=Male
4	What is your age?	_____ years

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5	What is your current marital status?	0=Married 1=Never Married 2=Separated 3=Divorced 4=Widowed 6=Cohabiting
6	What is your highest level of education?	0=No School Attended 1=Some Primary 2=Completed Primary 3=Completed Secondary 4=Completed Tertiary
7	What is the date of birth of child?	____/____/_____ DD/ MM /YYYY
7a.	If date of birth not known, what is the child's estimated age?	_____ years
8	What is the gender of your child?	0=Female 1=Male

Screening Tool Questions

9	Has the child been sick in the last three months?	0=no 1=yes 2=I don't know
10	Has the child ever been admitted to a hospital?	0=no 1=yes

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		2=I don't know
10a.	If the child has been admitted to a hospital in the past, was the hospitalization due to malaria?	0 =no 1=yes 2=I don't know
10b.	If the child has been admitted to a hospital in the past, check documented diagnosis (health passport, discharge summary slip or other records available with the caregiver)	0 = Caregiver does not have available records (e.g. health passport) with documentation regarding the hospitalization 1 = Documented diagnosis is malaria 2 = Documented diagnosis is NOT Malaria, please specify: _____
11	Has the child had recurring skin problems?	0=no 1=yes 2=I don't know
12	Is the child growing well?	0=no 1=yes 2=I don't know
13	Has the child ever had TB?	0=no 1=yes 2=I don't know
14	Has one or both of the child's biological parents died?	0=no 1=yes 2=I don't know

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15	Is the biological mother of this child HIV positive?	0=no 1=yes 2=I don't know
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Stop Time: __ : __

Child's HIV Test Result

14	HIV test result	1=reactive 2=non-reactive 3= indeterminate
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