**INELIGIBLE MOTHERS FORM – PMTCT Survey**

Only fill in this form if you encounter a selected eligible infant whose mother/caregiver is 14 years old or under and thus cannot participate in the survey.

*Instruction to Data Capturer:* Start a new form in every enumeration area. **Only record mothers/caregivers of *infants born 18-24 months prior* to the survey date who are *under 15 years old.***

Team no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data Capturer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EA Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **Village** | **Date**  dd/mm/yyyy | **Eligibility** | **Infant Birth date** dd/mm/yyyy | **Deceased Infant** Yes/No | **Mother/**  **Caregiver**  M/C | **Mother/ caregiver’s age** |
|  |  | 18-24 month-old M-I Pair |  |  |  |  |
|  |  | 18-24 month-old M-I Pair |  |  |  |  |
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