**Instructions to Fill in the Registration Form – PMTCT Survey**

Start a new form every day and for each village. The form should only be filled in for eligible infants if at least the mother OR the infant are alive. Fill in one row for every *eligible infant*.

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| **COLUMN** | **FILL IN** | **INSTRUCTIONS** |
| HH No. | 1, 2, 3... | Enter the allocated household number (the same number wrote on the screening form). |
| Infant Birth date | dd/mm/yyyy | To be eligible, the infant must have been *born 18 to 24 months prior to the interview date.* See the *Eligible Infants Form*  to check the eligible birthdays depending on the survey month.  |
| Infant Alive | Yes/ No | The mothers of both living and deceased infants (born 18-24 months prior) are eligible to participate. |
| Mother/caregiver No. | M1, M2…, C1, C2… | Write the mother/ caregiver’s number *within a household.* *Do NOT write the mother/ caregiver’s name on this form.* Example: If in the same household there are 3 mothers and 2 caregivers that have been selected and are eligible, fill in 5 rows and write M1, M2, M3, C1, C2.  |
| Mother/caregiver Age | 16, 17… | Write the mother or caregiver’s age at her/his last birthday. *S/he must be 15 years old or above to participate.* If 14 years old or less, her 18-24 month old babies are not eligible to participate.  |
| Consent Q | Yes/No | Has the mother/caregiver consented to participate in the questionnaire survey? |
| Consent Mother HIV testing | Yes/No/NA | Has the mother consented to undergo rapid HIV testing during the survey? If mother is known HIV positive, write NA. If only the caregiver is available, s/he is not requested to undergo HIV rapid testing, so write NA. |
| Consent Mother DBS | Yes/No/NA | Has the mother consented to provide DBS? If the mother tested HIV negative during the survey visit and does not require a confirmatory test, write NA. If only the caregiver is available, s/he is not requested to provide a blood sample; in this case, write NA (not applicable).  |
| Consent Infant DBS | Yes/No/NA | Has the mother/caregiver consented to infant DBS? If the infant is deceased or mother has just tested HIV negative, write NA. |
| Registration | ADD MOTHER’S LABEL | Open a *new labels envelope* and add a WHITE ‘*mother barcode label’* only if she consented to at least one of three components of the study (questionnaire 18-24 month-old infants, mother DBS, or infant DBS). Add labels from the same labels envelope on lab forms and filter papers. Enter the same study ID in the tablet for the corresponding mother/ caregiver.  |
| Tablet No. | 1, 2, 3… | Write the number of the tablet used for the corresponding questionnaire. |
| Verbal autopsy Mother | Yes/No/NA | Fill in after finishing *Mother’s Verbal Autopsy*. If the mother is alive, circle NA. |
| Verbal autopsy Infant | Yes/No/NA | Fill in after finishing *Infant’s Verbal Autopsy.* If the infant is alive, circle NA. |
| Blood sample Mother | Yes/No/NA | *Fill in after collecting DBS* from the mother. If the mother just tested HIV negative OR only the caregiver is available OR the mother did not consent to the blood sample, circle NA.  |
| Blood sample Infant | Yes/No/NA | *Fill in after collecting DBS* from the infant. If the infant is deceased OR the mother/ caregiver did not consent to the infant’s blood sample OR the mother just tested HIV negative, circle NA. |