**Community Health Worker SCREENING FORM – PMTCT Survey**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Team no\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Health Worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Instruction:* *Collect the GPS coordinates while standing at the front door/entrance of the household. After collecting the GPS coordinates, ask to speak with the household head (or an adult).*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Question | Answer | Skip Pattern |
| S1a | GPS coordinates of household |  | S1b |
| S1b | GPS coordinate of household |  | IF DON’T MATCH by X% S1c, all else S2 |
| S1c | GPS coordinates of household |  |  |
| S2 | Are there any mothers or caregivers of children in this household? | Yes (1)  No (0) | S3  Stop Screening |
| S3 | How many mothers or caregivers of children are in this household? | Number Pad |  |
| S4 | **Repeat the following loop (S3-S12) for X mothers/caregivers** |  |  |
| S5 | Does the mother/caregiver have any children who were born in the past 2 years? | Yes (1)  No (0) |  |
| S6 | How many children does this mother/caregiver have that were born in the past 2 years? | Number pad |  |
|  | **Repeat S7-S8 for X children:** |  |  |
| S7 | Name of child: |  |  |
| S8 | Birth date of child (dd/mm/yyyy): |  | Go to next child OR S9 |
| S9 | I know this can be sensitive, but please do your best to remember. Did this mother/caregiver have any children in this household born in the past 2 years **who were stillborn or are no longer alive?** |  |  |
| S10 | How many children did this mother/caregiver have that were born in the past 2 years who were stillborn or are no longer alive? | Number pad |  |
|  | **Repeat for S11-S12 children (stillborn or deceased)** |  |  |
| S11 | Name of child: |  |  |
| S12 | Birth date of child (dd/mm/yyyy): |  | Go to next child OR S13 |
| S13 | Name of mother/caregiver: |  |  |
| S14 | Birth date of mother/caregiver (dd/mm/yyyy): |  | Go to next mother/caregiver OR Finish |