**SCREENING FORM TO CONFIRM ELIGIBLE INFANTS**

**PMTCT Survey**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Team no\_\_\_\_\_ Data capturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Code\_\_\_\_\_\_\_\_\_

Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Selected 18-24 month M-I pairs\_\_\_\_\_

*Instruction:* Ask to speak with the household head (or an adult). **Circle** the correct answer.

|  |  |  |
| --- | --- | --- |
|  | Is \_\_\_\_\_\_\_ (Name of Selected Infant) a child in this household born in the past 2 years? |  |
| S1 | ***Instruction to the Data Capturer: Ask the birthdate of the selected infants born in the past 2 years and check against the ELIGIBLE INFANTS CHART.*** |  |
| S1a | **The selected infant was born in the past 18-24 months.** | Yes / No |
|  | I know this can be sensitive, but please do your best to remember. Was \_\_\_\_\_\_ (Name of Selected Infant) a child in this household born in the past 2 years who was stillborn or is no longer alive? |  |
| S2 | ***Instruction to the Data Capturer: Ask the birthdate of the selected infants born in the past 2 years (stillborn or deceased) and check against the ELIGIBLE INFANTS CHART.*** |  |
| S2a | **The selected infant was born in the past 18-24 months (stillborn or deceased).** | Yes / No |
| S3 | Is the mother or caregiver of the selected infant **at least 15 years** of age? | Yes / No |

Eligibility:

|  |  |
| --- | --- |
| **Eligible 18-24 month Mother-Infant Pair** | **If SELECTED as a 18-24 month M-I Pair AND (S1a=’Yes’ OR S2a=’Yes’) AND (S3=’Yes’)** |
| **Ineligible 18-24 month Mother-Infant Pair** | **If SELECTED as a 18-24 month M-I Pair AND (S1a=’No’ AND S2a=’No’) OR (S3=’No’)** |
| **Other** | Enter the appropriate code: 1-No competent HH member present; 2-No one at home; 3-Abandoned; 4-Refused to answer screening form |

Eligible Household? Yes/No