



Round B13 WeekBlock:AA01 Allocated BSID 15246

Section 1 : Identification

Surname, Firstname(s) _____ Age _____ years old

DSID _____ Staff Member _____ Visit Ref.# _____ Visit Date

Actual BSID _____ Visit Type _____ Supervised? Yes No

Section 2: Operational Information

Fieldworker Attempts		
Staff Member	Attempt Date	Comment
1. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
2. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
4. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

Notes for Transfer to tracking

Tracker/Special Task Team Attempts		
Staff Member	Attempt Date	Comment
1. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
2. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
4. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

Pre-mature completion? Yes No > if Yes, select reason

Refused participation? Yes No > if Yes, refused by

- Reported dead? > Complete DTN form
- Outmigrated outside DSA
- Mentally Disabled
- Not found after 4 + 4 attempts
- Very sick > FORM COMPLETE
- Broken down/non-functional BS
- Temporarily away for more than 2 months
- Stay in currently Avoided BS/HH
- Outmigrated to unknown destination
- Other > Specify _____

- Self
- Partner
- HH Head
- BS Owner
- Other > Specify _____ > FORM COMPLETE

Section 3: Consent

Mina, _____ ngiyavuma ukuba yingxenywe yocwango olwenziwa u Africa Centre. Ngilitholile ulwazi mayelana nocwango futhi ngiyaluqonda kahle. Ngijaqonda ukuthi ukunikezela ngeconsi legazi kungokuzikhethele. Ngazisiwe ukuthi ngingaluthola kuphi nokuthi kanjani usizo lokwazi ukwalulekwa ngokokuzikhethele futhi ngihlolwe uma ngidinga ukuhlololwa isandulela ngculaza.

Sicela ubeke uphewu ukutsthengisa ukuthi uyavuma kulokhu okulandelayo

Ngiyavuma Angivumi

- | | | |
|--|-----------------------|-----------------------|
| 1. Ukuthathwa kwamaconsi egazi ngokuchofoza umunwe ukuze kuhlolwe izifo negciwane lesandulela ngculaza. | <input type="radio"/> | <input type="radio"/> |
| 2. Ukuba amanconsi egazi lami alondolozwe. | <input type="radio"/> | <input type="radio"/> |
| 3. Ukuba amaconsi egazi lami alondolozwe ngabacwani bakwa Africa Centre ekuhlolweni kwezinye izifo ngesikhathi esizayo. | <input type="radio"/> | <input type="radio"/> |
| 4. Ukuphendula imibuzo mayelana nempilo engizibikele yona. | <input type="radio"/> | <input type="radio"/> |
| 5. Ukuphendula imibuzo mayelana nokuziphatha kwezocansi. | <input type="radio"/> | <input type="radio"/> |
| 6. Ukuba umphathi wabaqoqi bolwazi aphinde axhumane nami futhi angibuze imibuzo ngenjongo yokujinisekisa ulwazi oluqoqiwe ngezempilo Kanye nokuziphatha ngokwezocansi. | <input type="radio"/> | <input type="radio"/> |
| 7. Ukuba nixhumane nami esikhathini esizayo uma ingxenywe yolwazi enginikeza yona namuhla iba ngebalulekile kubacwani base Africa Centre. | <input type="radio"/> | <input type="radio"/> |
| 8. Ukuvumela uAfrica Centre ukusebenzisa noma iziphi izinsalela zegazi lami noma izicubu zesampula (ngisho nasebantwaneni bami) ezithathiwe ngenkathi ngizibandakanya nomtholampilo kanye nesibhedlela. | <input type="radio"/> | <input type="radio"/> |
| 9. Ukuvumela uAfrica Centre ukuba ahlanganise imininingwane yami esemabhukwini oMnyango WeZempilo omtholampilo noma ukunakekelwe esibhedlela ngolwazi olugcinwe, engilunikeza kwabezinhlelo zalolucwango lwezempilo. | <input type="radio"/> | <input type="radio"/> |

Ikhasi lokusayina

Ngiyazi ukuthi ucwango ngingalushiya noma inini futhi lokhu akuyukwenza ukuba ngibandlululwe umnyango wezempilo nawu Africa Centre, futhi abasebenzi bonke balezikhungo abayikungishintshela noma ngiyavuma noma angivumi ukuba yingxenywe. Futhi ngijaqonda ukuthi anginikezeli ngamalungelo ami omthetho ngokusayina leliphapha lemume.

Igama lolontiyayo (print) (bhala uhlukanise)

Ukusayina kovolontiyayo
Kubantu abangwakwazi ukubhala ababeke loluphawu 'X'

Usuku

Igama lomsebenzi obehaza ngalelifomu lemume

Ukusayina komsebenzi

Usuku

Igama likafakazi (bhala uhlukanise)

Ukusayina kukafakazi
Fakaza kuphela uma ovolontiyile engakwazi ukubhala noma uma mucela.

Usuku

Section 4. Specimen for HIV Testing

Staff Id. _____ Refused Test? Yes No Refused by? > Self Partner HH Head BS Owner Other _____

➔ FORM COMPLETE

Stick barcode label B here



Section 5. Quality Control

- Identity of SampleID and DSID on specimen and BMF checked and found to be consistent? Yes No
- Specimen quality according to standard procedure? Yes No
- Quality Control Section involved? Yes No

Staff ID _____

Signature _____

Date | Y | Y | Y | Y | M | M | D | D |