**DATA RETURN FORM – PMTCT Survey**

Complete one form for every enumeration area.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team no. \_\_\_\_\_\_\_ Data Capturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EA Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No of villages/ (peri-)urban areas \_\_\_\_\_\_\_\_

***Screening Form:***

No of Households visited\_\_\_\_\_\_\_\_

18-24 month M-I Pairs:

No. of Selected Pairs\_\_\_ No. of Pairs Visited\_\_\_\_ No. of Eligible Pairs\_\_\_ No. of Ineligible Pairs\_\_\_\_

No. of ‘Other’ Pairs\_\_ No. of ineligible Deceased Mothers and Deceased Infants\_\_\_\_

No. of Ineligible Mothers of Eligible Infants\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **No. Eligible** | **No. Enrolled** | **No. of Consent Forms** | **Data Collected** | **DBS** |
|  | **Qs**  | **Mother DBS** | **Infant DBS** | **Qs** | **Mother VA** | **Infant VA** | **Mother** | **Infant** |
| **18-24 month Mother-Infant Pairs** | **Alive Mother &** **Alive Infant** |  |  |  |  |  |  | **N/A** | **N/A** |  |  |
|  | **Alive Mother &** **Deceased Infant** |  |  |  |  | **N/A** |  | **N/A** |  |  | **N/A** |
|  | **Caregiver &** **Alive Infant** |  |  |  | **N/A** |  |  |  | **N/A** | **N/A** |  |
|  | **TOTAL** |  |  |  |  |  |  |  |  |  |  |