**REGISTRATION FORM – PMTCT Survey**

*Instruction to Data Capturer:* Start a new form every day and for each EA

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team no. \_\_\_\_\_\_\_\_\_ Data Capturer \_\_\_\_\_\_\_\_\_\_\_Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward \_\_\_\_\_\_\_\_\_\_\_ EA code\_\_\_\_\_\_\_\_\_\_ Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HH** | **Infant** | **Mother/ caregiver** | **Consent** | **Registration** | **Tablet** | **Verbal Autopsy** | **DBS Blood sample** |
| **Birth date** dd/mm/yyyy | **Alive** | **Q** | **Mother HIV testing** | **Mother DBS** | **Infant DBS** | **ADD MOTHER’s LABEL (WHITE)**  | **No.** | **Mother** | **Infant** | **Mother** | **Infant** |
| **No.** |  | **No.** | **Age** |  |  |  |  |  |  |  |  |  |  |
|  |  | Yes\_\_\_\_No |  |  | Yes\_\_\_No | Yes | Yes | Yes | Add the WHITE label. |  | Yes | Yes | Yes | Yes |
|  | No | No | No |  | No | No | No | No |
|  | NA  | NA  | NA |  | NA | NA | NA | NA |
|  |  | Yes\_\_\_\_No |  |  | Yes\_\_\_No |  | Yes | Yes | Add the WHITE label. |  | Yes | Yes | Yes | Yes |
|  |  | No | No |  | No | No | No | No |
|  |  | NA | NA |  | NA | NA | NA | NA |
|  |  | Yes\_\_\_\_No |  |  | Yes\_\_\_No |  | Yes | Yes | Add the WHITE label. |  | Yes | Yes | Yes | Yes |
|  |  | No | No |  | No | No | No | No |
|  |  | NA | NA |  | NA | NA | NA | NA |
|  |  | Yes\_\_\_\_No |  |  | Yes\_\_\_No |  | Yes | Yes | Add the WHITE label. |  | Yes | Yes | Yes | Yes |
|  |  | No | No |  | No | No | No | No |
|  |  | NA | NA |  | NA | NA | NA | NA |
|  |  | Yes\_\_\_\_No |  |  | Yes\_\_\_No |  | Yes | Yes | Add the WHITE label. |  | Yes | Yes | Yes | Yes |
|  |  | No | No |  | No | No | No | No |
|  |  | NA | NA |  | NA | NA | NA | NA |
|  |  | Yes\_\_\_\_No |  |  | Yes\_\_\_No |  | Yes | Yes | Add the WHITE label. |  | Yes | Yes | Yes | Yes |
|  |  | No | No |  | No | No | No | No |
|  |  | NA | NA |  | NA | NA | NA | NA |