

Participant ID: _____ - _____

Participant Name: _____

Sex: Male Female

Date of Birth (D/M/Y): ___ / ___ / _____

If participant is <18 years old:

Guardian 1: Relationship to participant: _____
Guardian's Name: _____ & ID: _____ - _____

Guardian 2: Relationship to participant: _____
Guardian's Name: _____ & ID: _____ - _____

Phone number: (____) _____ - _____

Address: _____

- Is phone the best way to contact the participant? Yes
 No; Specify in notes below

Notes: (e.g., e-mail address, relation to other participants, preferable time to contact):

Date of project enrolment (when informed consent completed) (D/M/Y) ___ / ___ / _____

Signed project consent form: No Yes

Please check the project activities the respondent participated in:

- UBT completed - (D/M/Y) ___ / ___ / _____ Refused

If the first test result is borderline/unreadable/uncertain:

UBT repeated - on the date of (D/M/Y) ___ / ___ / _____ Refused

- Health Survey completed (D/M/Y) ___ / ___ / _____ Refused
- Participant Survey completed (D/M/Y) ___ / ___ / _____ Refused
- Household Survey completed (D/M/Y) ___ / ___ / _____
 by the participant by another household member: ID: _____ - _____
- Refused

