

Appendix B: Sample ANC HSS data collection form with additional PMTCT HIV testing variables

Ministry of Health

HIV surveillance data collection form for antenatal clinics¹

Site: _____ District: _____

A. Sociodemographic Information

1. Survey ID code: _____
2. Date of patient visit (dd/mm/yyyy): ____/____/____
3. Age (in years): _____
4. Residence:
 - a. Urban
 - b. Rural
 - c. Missing
5. Highest level of school attended:
 - a. None
 - b. Primary
 - c. Secondary
 - d. Higher
 - e. Missing
6. Occupation (primary): (optional)
 - a. Business
 - b. Police/military
 - c. Professional
 - d. Labourer
 - e. Farmer
 - f. Domestic help
 - g. Homemaker
 - h. Student
 - i. Not employed
 - J. Other
 - k. Missing
7. Total number of pregnancies, including this pregnancy: _____
8. Total number of live births: _____

B. PMTCT programme HIV testing information

9. Was a PMTCT HIV test offered during this visit?
 - a. Yes (if Yes, go to next question)
 - b. No (if No, skip to section C)

¹ Adapted from the sample ANC HSS data collection form in: UNAIDS/WHO. *Guidelines for conducting HIV sentinel serosurveys among pregnant women and other groups*. Geneva, 2003. This form may be adapted to the local country context. If necessary, questions 11a–11d may be modified to suit the country PMTCT HIV testing algorithm.

10. Was a PMTCT HIV test accepted?
- a. Yes (if Yes, go to next question)
 - b. No: previously tested positive (if No, skip to section C)
 - c. No (if No, skip to section C)

11.a. What were the HIV test results?

Test 1 result:

- a. Positive
- b. Negative
- c. Missing

11.b. What were the HIV test results?

Test 2 result:

- a. Positive
- b. Negative
- c. Missing
- d. Not applicable

11.c. What were the HIV test results?

Test 3 result:

- a. Positive
- b. Negative
- c. Missing
- d. Not applicable

11.d. What were the HIV test results?

Other result:

- a. Positive
- b. Negative
- c. Missing
- d. Not applicable

C. Surveillance test result information

12. HIV screening (initial test) date: ____/____/____

13. HIV screening (initial test) result:

- a. Positive
- b. Negative

14. HIV confirmatory test date: ____/____/____

15. HIV confirmatory result:

- a. Positive
- b. Negative

16. Syphilis test date: ____/____/____

17. Syphilis test result:

- a. Positive
- b. Negative