

AGYW Intake & Enrollment

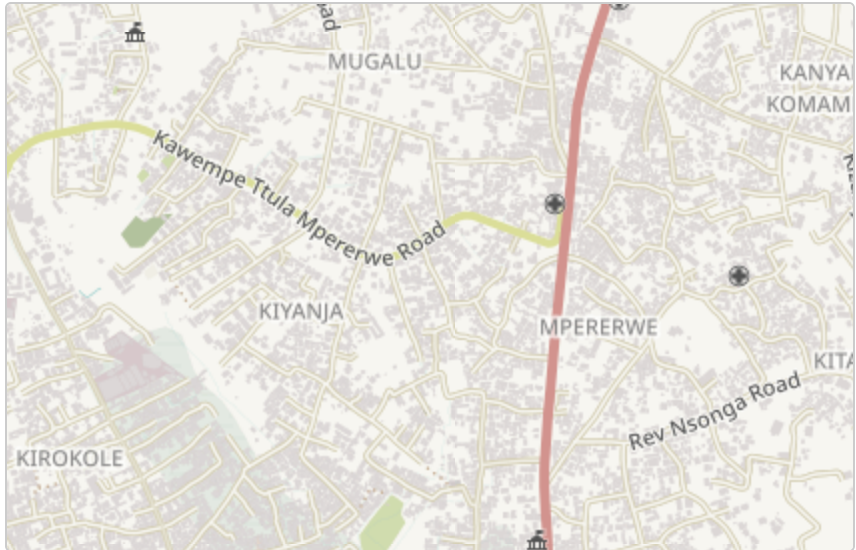
GPS location

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)



Enumerator / mobiliser name *

CBO / Partner name *

Mobiliser ID *

Interview language *

- ☐ English
- ☐ Swahili
- ☐ Luganda

Consent and eligibility

Consent to participate *

- ☒ I agree to participate
- ☐ I do not agree

Thank you. No data will be collected.

Eligibility

Age (years) *

Age band

- ☐ 10-14
- ☐ 15-19
- ☒ 20-24

Sex at birth *

- ☐ Female
- ☐ Male
- ☐ Intersex

Client Unique ID (system-generated or assigned) *

Any ID presented? *

- ☐ None
- ☐ National ID
- ☐ Clinic card
- ☐ Other

ID number (if any)

Location

District *

- ☐ Kampala
- ☒ Wakiso
- ☐ Mukono

Sub-county

Parish

Village / Zone

Safe contact preferences

Does client have a phone? *

- ☐ Yes
- ☐ No

Phone number

.....

Preferred contact mode *

- ☐ SMS
- ☐ Phone call
- ☐ WhatsApp
- ☐ In-person
- ☐ No contact

Safe time to contact

- ☐ Morning
- ☐ Afternoon
- ☐ Evening
- ☐ Any time

Safe to leave a message?

- ☐ Yes
- ☐ No

Needs & referral intention

Services needed *

- ☐ Family planning
- ☐ HIV testing/services
- ☐ SGBV support/services
- ☐ STI services
- ☐ Mental health/PSS
- ☐ Other

Referral priority *

- ☐ Urgent (within 24–48h)
- ☐ Soon (within 7 days)
- ☐ Routine (within 30 days)

Any SGBV risk/disclosure today? *

- ☐ Yes
- ☐ No

Ensure privacy. Capture minimal details. Follow safeguarding protocol.

Completion

Notes (non-sensitive)