

# AGYW Intake & Enrollment

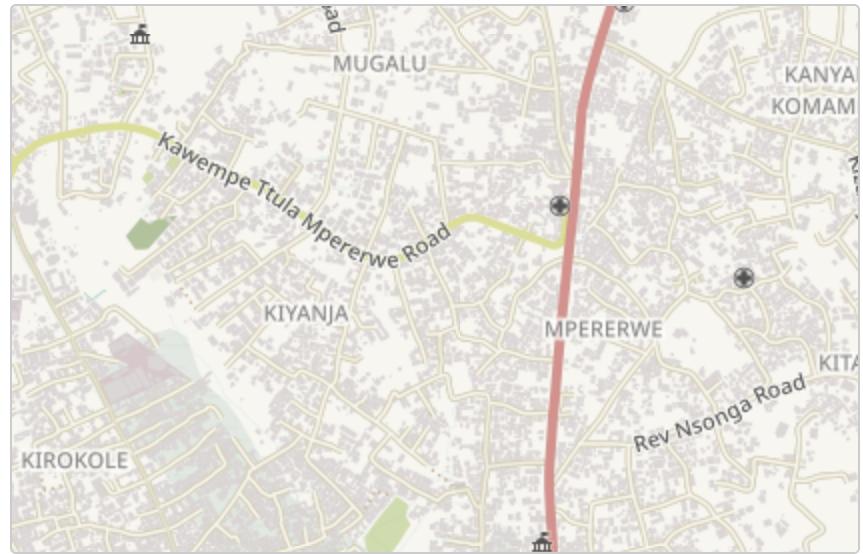
GPS location

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

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Parish

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Village / Zone

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## Safe contact preferences

Does client have a phone? \*

- Yes
- No

Phone number

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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)