A logo with people and text

AI-generated content may be incorrect.

**Health Awareness and Screening Campaign Register**

**Instruction**

|  |  |  |
| --- | --- | --- |
| **Column N.** | **Datum** | **Descriptions** |
| 1 | Serial Number | Write serial numbers in sequence starting from 1. |
| 2 | Name  Father's and Grandfather's | **Above:** Write the client’s first name in the upper space  **Below:** write the client’s father and grandfather's name in the lower space |
| 3 | Age  Sex | **Above:** Write the client’s Age in years  **Below:** Write the client’s sex as ‘**M’** if male or **‘F’** if female. |
| 4 | Date | Enter the exact date the service was provided using the day/month/year format |
| 5 | Sub City  Woreda | **Above** : Specify the sub city where the client live.  **Below:** Write the client’s Woreda |
| 6 | Phone Number | Record the client’s contact number (mobile or alternate) for follow-up or appointment reminders. |
| 7 | BP (Systolic/Diastolic) | Record blood pressure readings in mmHg (e.g. 120/80). If not taken, write “NT” (not taken). |
| 8 | Weight (kg)  Height (CM) | **Above**: Record weight in kilograms, measured on the service date.  **Below :** Record height in centimeters, measured on the service date. |
| 9 | BMI | Calculate and record the Body Mass Index using the formula: **Weight (kg) ÷ [Height (m)]²**. |
| 10 | Breast Examination Result (P/N) | For female clients, record **P** if any positive findings (lumps, discharge, etc.) and **N** if no abnormalities found. For male clients, write “NA.” |
| 11 | HIV testing | **Above** : write **“Y”** if test provided , **“N”** if not provided  **Below** : Record **P** for positive or **N** for negative, based on testing result. |
| 12 | HIV Self-Test | **Above :** Indicate **Yes** if HIVST kit was given to the client and **No** if not.  **Below** : Record **R** for reactive or **NR** for non-reactive, based on the HIV screening result. |
| 17 | Remarks | Record any relevant notes, such as client referred to for confirmatory testing, follow-up appointment date, or any special observation. |

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| S.N | Client Name | Age | Service date(DD/MM/YY | Sub city | Phone Number | BP (Systolic/Diastolic) | Weight | BMI | Breast Examination | HIV (Yes/No) | HIVST Distributed (Yes/No) | Remarks |
| Father’s Name | Sex | Woreda | Height | Result (P/N) | Screen result(R/NR) |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
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| S.N | Client Name | Age | Service date(DD/MM/YY | Sub city | Phone Number | BP (Systolic/Diastolic) | Weight | BMI | Breast Examination | HIV (Yes/No) | HIVST Distributed (Yes/No) | Remarks |
| Father’s Name | Sex | Woreda | Height | Result (P/N) | Screen result(R/NR) |
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