**Child Initial:** |\_\_|\_\_|\_\_| **CI**

**ANNUAL VISIT, SEVENTEEN YEAR OLDS, WORM STUDY (A17VISIT)**

Mother’s Initial|\_\_|\_\_|\_\_| MI

Date of visit |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| **DATEV17**

Who is accompanying the child at this interview? (1=mother, 2=father, 3=guardian, 4=other) |\_\_\_| **ACCOMP**

*If other*, specify....................................................................................................................................... **SPACC**

Is mother well? (1=Well, 2=Sick, 3=Dead) |\_\_\_| **MWELL**

*If mother is dead:* When did she die? |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| **DATEMD**

What is the guardian’s name? ………………….................................................. **GNAME**

What relation is the guardian? ………………….........................………… …… **GRELAT**

Is father well? (1=Well, 2=Sick, 3=Dead, 4=Don’t know) |\_\_\_| **FWELL**

*If father has died:* when did he die? |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| **DATEFD**

Who is looking after the child (1=Mother and Father, 2=Mother only, 3=Father only, 4=Other) |\_\_\_| **WHO**

*If other:* who?…………………………………………..……………………………………………… **OTHWHO**

Is childstill resident at same address as given at 16 years? (1=Yes, 2=No, 3=not known) |\_\_\_| **RESA16V**

*If NO*, note new address and arrange to see fieldworker: ...................................................................................

Is the child well? (Y/N) |\_\_\_| **CWELL**

Temperature |\_\_\_|\_\_\_| . |\_\_\_|\_\_\_| **TEMP**

(If child is acutely ill, or Temp ≥ 37.50C, fill in illness event form and make an appointment in a week’s time)

Weight |\_\_\_|\_\_\_| . |\_\_\_| kg **WEIGHT**

Height / Supine length |\_\_\_|\_\_\_|\_\_\_| . |\_\_\_| cm **HEIGHT**

Has mother had a new baby since study baby was born (live birth)? (Y/N) |\_\_\_| **NEWSIB**

If yes, how many? (twins count as two, etc) |\_\_\_|\_\_\_| **NSIBS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Blood pressure and pulse rate reading** | | | | |
| Systolic BP | |\_\_|\_\_|\_\_| **SBP** | Diastolic BP | |\_\_|\_\_|\_\_| **DBP** | Pulse rate |\_\_|\_\_|\_\_| **PRA** |
| Systolic BP | |\_\_|\_\_|\_\_| **SBP2** | Diastolic BP | |\_\_|\_\_|\_\_| **DBP2** | Pulse rate |\_\_|\_\_|\_\_| **PRA2** |
| Systolic BP | |\_\_|\_\_|\_\_| **SBP3** | Diastolic BP | |\_\_|\_\_|\_\_| **DBP3** | Pulse rate |\_\_|\_\_|\_\_| **PRA3** |
| Systolic percentile | |\_\_|\_\_|th **SCENTL** | Diastolic percentile | |\_\_|\_\_|th **DCENTL** | |
| If the systolic BP and/or diastolic BP is > 95th centile on this visit the child should be advised on additional blood pressure measurement and life style | | | | |

**Illness Events check:**

1. Has your child had malaria in the last year? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **MAL**

*If yes,* how many times? (if uncertain, enter 99) |\_\_\_|\_\_\_| **TMAL**

1. Has your child had a positive malaria slide in the last year? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **PMAL**

*If yes,* how many times? (if uncertain, enter 99) |\_\_\_|\_\_\_| **TPMAL**

1. Has your child had diarrhoea in the last year? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **DARE**

*If yes,* how many times? (if uncertain, enter 99) |\_\_\_|\_\_\_| **TDAR**

1. Has your child had pneumonia in the last year? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **PNEM**

*If yes,* how many times? (if uncertain, enter 99) |\_\_\_|\_\_\_| **TPNM**

1. Has your child had Measles in the last year? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **MEAS**
2. Has your child had Tuberculosis in the last year? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **TBIL**
3. Has your child been in contact with a TB patient in the last year? |\_\_\_| **TBCC**

*If yes,* how close? (1=outside home, 2=sharing living room, 3=sharing bedroom, 4=sharing bed) |\_\_\_| **TBCT**

***If, in the last year, this child is a new household contact of a TB patient,***

***Send for X-ray and complete TB CHECK form.***

1. Has your child taken any medicine for worms in the last year,|\_\_\_| **MEDW**

*If yes,* how many times? |\_\_\_| **MEDT**

*If yes,* was this at school? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **MEDS**

*If yes,* was this on a child day? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **MEDC**

*If yes,* was this at home

(Arranged by parent or guardian)? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **MEDH**

*If yes,* what worm drugs were taken? |\_\_\_|\_\_\_| **MEDN1**

(1=Mebendazole,2=Albendazole,3=Praziquantel,4=don’t know,5=Other) |\_\_\_|\_\_\_| **MEDN2**

|\_\_\_|\_\_\_| **MEDN3**

*If Other,* specify: ……..……………………………………………….................................. **MEDNSP**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewer, please find out whether the respondent (parent or guardian) prefers to answer these questions in English or Luganda, or in another language, informally translating from English.  If English or Luganda are used, please read these questions to the respondent exactly as they are written.  Please indicate below which language you have used. | | | | | | | | | |
| **Language of questionnaire used**  (1=Luganda, 2=English, 3=another language, informally translated) | | | ***|\_\_\_|*** | | | **LANG** | | | |
|  | *If another language, note which one................................................................................* | | | | | **LAN2** | | | |
|  | | **ENROLLEMENT INTO ANOTHER STUDY** | | |  | |  | | |
|  | | Is the child currently enrolled in another study? (1=Yes, 2=No, 3=Uncertain)  If yes, which study?  (1=POPVAC,2=TB042,3=Other)  If other, specify ………………………………………………………………………….. | | | ***|\_\_\_|***  |\_\_\_|\_\_\_| **STUD 1** | | **STUD** | | |
|  | |  | | |  | | | |  |
|  | | **SCHOOLING** | |  | | | |  | |
|  | |  | |  | | | |  | |

Is the child still attending school? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **STILLSCH**

Which class is he/she in now? |\_\_\_|\_\_\_| **CLASS**

(N1=Nursery 1, N2=Nursery 2, N3=Nursery 3, P1=primary 1, P2=primary 2, P3=primary 3,

P4=primary 4, P5 = primary 5, P6=primary 6, P7=primary 7, D=dropped out, S1=Senior 1, S2=Senior 2, S3=Senior 3, S4=Senior 4, O=Other )

What is the name of the school?............................................................................. **SCHLNAME**

If other, specify ………………………………………………………………………….. **SCHLOTH**

**Vaccination:**

Has the child received any immunisations in the last year (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **VACCY**

*If yes,* how many times? |\_\_\_| **VACCT**

*If yes,* was this at school? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **VACCS**

*If yes,* was this on a child day? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **VACCC**

*If yes,* was this at home

(arranged by parent or guardian)? (1=Yes, 2=No, 3=Uncertain) |\_\_\_| **VACCH**

*If yes,* what immunisation did they receive? |\_\_\_|\_\_\_| **VACC1**

(1=HPV, 2=Tetanus, 3=Hepatitis B, 4=yellow fever 5=typhoid fever, 6=don’t know, 7=other) |\_\_\_|\_\_\_| **VACC2**

|\_\_\_|\_\_\_| **VACC3**

*If Other,* specify: ……..……………………………………………….................................. **VACCSP**

*If yes,* which month was the immunisation received? (Select from JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC, DRM-Don’t Remember Month) |\_\_\_|\_\_\_|\_\_\_| **VACC1M**

|\_\_\_|\_\_\_|\_\_\_| **VACC2M**

|\_\_\_|\_\_\_|\_\_\_| **VACC3M**

|\_\_\_|\_\_\_|\_\_\_| **VACCSPM**

**Menstruation (for girls only):**

**Has the child started having menses?** (1=yes, 2=no, 9=don’t know; if there is uncertainty use “don’t know”) |\_\_\_| **MENS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tanner Stage (use the tanner stage charts. Ask the participant to identify their stage of development from the pictures on the charts)** | | | | |
|  | **For the male and female participants** | | | |
| What is the stage in pubic hair development? (1=stage I, 2=stage II, 3=stage III and 4=stage IV and 5=stage V) | | | |\_\_\_| | **STAGPB** |
|  | |  |  |  |
|  | | **For the Females (girls) participants only** |  |  |
| What is the stage for the breast development? (1=stage I, 2=stage II, 3=stage III and 4=stage IV and 5=stage V) | | | |\_\_\_| | **STAGBR** |
|  | | |  |  |

Follow up date |\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|\_\_\_|\_\_\_| **FUPD**

|  |  |  |
| --- | --- | --- |
| **Interviewer** | ......................................................................... | ........................................................................ |
|  | Name | Signature |