



16101800

Integrated care for HIV and non-communicable diseases study in Africa: a collaboration between the MoH Uganda, TASO, MRC/UVRI/LSHTM, NIMR – TZ and Liverpool School of Tropical Medicine

SCREENING TOOL

Screening Date:

0	7
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 /

0	2
---	---

 /

2	0	1	9
---	---	---	---

DD

MM

YYYY

Patient Hospital ID: (NTD)

(CTC)

Patient Initials:

Z

A

S

Last

First

Middle

Screening ID:

A

R

 -

7

2

5

3

Patients must meet ALL of the inclusion criteria and NONE of the exclusion criteria in order to be enrolled

Screening (Inclusion) Criteria - tick Yes or No

1. Is the patient ≥ 18 years of age? Yes ☒ No ☐
2. Is the patient living within the catchment population of the health facility? Yes ☒ No ☐
3. Planning to remain in the catchment area for at least 6-months Yes ☒ No ☐

Participant Must Answer Yes to At Least One Of Q4 ,5 , 6

4. Is the patient known HIV positive? Yes ☒ No ☐
5. Is the patient already diagnosed with diabetes type 2? Yes ☐ No ☒
6. Is the patient already hypertensive? ($>140/90$ mmHg) Yes ☐ No ☒

Screening (exclusion) Criteria - tick Yes or No

7. Is the patient pregnant or lactating? Yes ☐ No ☐ NA ☒
8. Is the patient Very sick, requiring immediate hospital care/admission? Yes ☐ No ☒
9. Has the patient met all of the inclusion criteria and none of the Exclusion criteria? Yes ☒ No ☐

If Yes to question 9 proceed to consent process and then for Baseline Laboratory Tests form before filling the enrolment form

Staff Initials

E

J

m

Staff Signature /date (dd/mm/yyyy)

[Signature]



SCREENING TOOL

Screening Date:

0	8
---	---

 /

0	2
---	---

 /

2	0	1	9
---	---	---	---

DD MM YYYY

Patient Hospital ID: (NTD)
 (CTC) 22 000 15678

Patient Initials:

P	K	J
---	---	---

Last First Middle

Screening ID:

A	R	-	7	0	5	6
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- Is the patient known HIV positive? Yes ☐ No ☒
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- Is the patient pregnant or lactating? Yes ☐ No ☒ NA ☐
- Is the patient Very sick, requiring immediate hospital care/admission? Yes ☐ No ☒
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If Yes to question 9 proceed to consent process and then for Baseline Laboratory Tests form before filling the enrolment form

Staff Initials

E	J	M
---	---	---

Staff Signature /date (dd/mm/yyyy)

Angina

STUDY ID

07-0304

Site ID #

Subject ID #

BIOMEDICAL MEASUREMENT



41601800

VISIT CODE

PATIENT INITIALS

KKA
Last First Middle

SCREENING NUMBER

AR-0290

Test Done

1. Visit date
2. Patient's condition

Response

Skip

06/02/2019
DD MM YYYY

- ☐ DIABETES
☒ HIV
☐ HYPERTENSION

Blood Glucose

3. During the past 8 hours, have you had anything to eat or drink other than water?
4. Fasting Blood Sugar result

Yes ☐ No ☐ mmol/L OR mg/dL %☐ Not done☐ Not available / /
DD MM YYYY : HRS:MINS

5. Hb1Ac levels

6. Date of blood draw

7. Time of the day for the first sample for the fasting blood sugar

Viral Load (refer to patient charts)

8. Viral load in last six month

00000500 Copies/mL

05/11/2018
DD MM YYYY

- ☐ Not done
☐ Not available
☐ Not detected

Yes ☐No ☒

9. Results of other tests recommended by Clinician

10. If Q9 is Yes, Specify

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Version 1.2 October

Staff Initials

EJM

Staff Signature /date (dd/mm/yyyy)

Sfingine

STUDY ID

07 - 0275
Site ID # Subject ID #

BIOMEDICAL MEASUREMENT



41601800

VISIT CODE

PATIENT INITIALS

PJW
Last First Middle

SCREENING NUMBER

AR-0250

Test Done

1. Visit date
2. Patient's condition

Response

Skip

09 / 02 / 2019
DD MM YYYY

- ☒ DIABETES
☐ HIV
☐ HYPERTENSION

Blood Glucose

3. During the past 8 hours, have you had anything to eat or drink other than water?
4. Fasting Blood Sugar result
5. Hb1Ac levels

Yes ☒ No ☐88.1 mmol/L OR mg/dL

61.0 %

- ☐ Not done
☐ Not available

6. Date of blood draw
7. Time of the day for the first sample for the fasting blood sugar

09 / 02 / 2019
DD MM YYYY

09 : 30 HRS:MINS

Viral Load (refer to patient charts)

8. Viral load in last six month

 Copies/mL / /
DD MM YYYY

- ☐ Not done
☐ Not available
☐ Not detected

9. Results of other tests recommended by Clinician

Yes ☐ No ☒

10. If Q9 is Yes, Specify

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Version 1.2 October

Staff Initials

JKM

Staff Signature /date (dd/mm/yyyy)

Myjina