

PVF

Screening

← Household

AddressHH5

Respondent nameAa

Respondent phone number11112236547

Complete household visit👉

← PVF Form

Does the person agree to a health screening and their information to be passed to health services?

All of your data will be kept confidential under the Ministry of Health and Family Welfare of Bangladesh. Your data might be shared for telemedicine referral and other health-related research or services. You have the right to stop this interview at any point in time or refuse to give answers to any questions that make you uncomfortable.

☐ Yes

☐ No

1. Phone number

+88 Enter phone number

2. Alternative phone number

+88 Enter phone number

3. PVF Name

Enter name

4. Age of the PVF

Age

5. Gender

☐ Male

☐ Female

☐ Other

10. PVF's temperature reading

Enter temperature (95 to 110 °F)

°F

11. Symptoms

☐ Cough

☐ Diarrhoea

☐ Headache

☐ Loss of smell

☐ Loss of taste

☐ Muscle pain

☐ Shortness of breath

☐ Sore throat

☐ Tiredness

☐ Red eyes / Conjunctivitis

☐ Runny nose

☐ Sputum production (Wet cough)

☐ Vomiting

12. Has the PVF tested positive for covid in the last 7 days?

☐ Yes

☐ No

Save and next