

PID:

Visit Date:
dd MMM yy

Visit:

OTHER INFECTIOUS DISEASES

SELF-REPORT OF OTHER INFECTIOUS DISEASE HISTORY

Has a doctor or healthcare worker ever told you that you had any of the following conditions:

- 1. Tuberculosis? Yes → Age diagnosed (years)
 No
 Don't know
 Refused
- 2. Malaria? Yes → Age diagnosed (years)
 No
 Don't know
 Refused
- 3. Sleeping sickness? Yes → Age diagnosed (years)
 No
 Don't know
 Refused
- 4. Hepatitis A? Yes → Age diagnosed (years)
 No
 Don't know
 Refused
- 5. Hepatitis B? Yes → Age diagnosed (years)
 No
 Don't know
 Refused
- 6. Hepatitis C? Yes → Age diagnosed (years)
 No
 Don't know
 Refused