FORM CRF2 - EMBLEM STUDY INDIVIDUAL QUESTIONNAIRE

Cover Sheet Information

Complete the following and remove the coversheet prior to administering the questionnaire. The coversheet will be returned to the EMBLEM Study Office for tracking purposes.

DATE OF INTERVIEW: |___||___| / |___||___| / |___||___||___||___|
Day Month Year

INTERVIEWER ID: |___||___|___|

SUBJECT NAME: _____

SUBJECT AGE: |____|____| . |____|

- Days ☐ 1
- Weeks ☐ 2
- Months ☐ 3
- Years ☐ 4

SUBJECT GENDER:

- Male ☐ 1
- Female ☐ 2

HOSPITAL ID (place label in box): ☐

EMBLEM SUBJECT ID (place label in box): ☐

LANGUAGE OF QUESTIONNAIRE ADMINISTRATION:

- English ☐ 1
- Acholi ☐ 2
- Madi ☐ 3
- Lugbara ☐ 4
- Kakwa ☐ 5
- Alur ☐ 6
- Lango ☐ 7

TIME INTERVIEW BEGAN: |___||___| : |___||___| (24 hr clock)
Hours Minutes

TIME INTERVIEW ENDED: |___||___| : |___||___| (24 hr clock)
Hours Minutes