**UAG GROUP MEMBERSHIP REGISTER**

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| **Clinic Name:** |  | | **UAG Group Number:** | | | |  | **UAG Meeting Dayand Time:**  **(e.g. Monday 16:00)** | |  | | **Date of First UAG Meeting:**  **(DD/MM/YY)** | | \_ \_ / \_ \_ /\_ \_ | |
|  | | | | | | | | | | | | | | | |
| **ART ID** | | **First Name** | | **Surname** | **Sex**  **(M/F)** | **DOB**  **(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined UAG**  **(DD/MM/YY)** | | **Scheduled clinic visit 1**  **(DD/MM/YY)** | | **Scheduled clinic visit 2**  **(DD/MM/YY)** | | **Date permanently left UAG1**  **(DD/MM/YY)** |
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1If patient permanently leaves UAG, fill out Departure form in study tablet

**UAG MEETING ATTENDANCE REGISTER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Clinic Name:** | |  | | **UAG Group Number:** | |  | | | | | **Date of UAG Meeting**  **(DD/MM/YY):** | | | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** | | | | |
|  | **ART ID** | | **First Name** | | **Surname** | | **Attended (Y/N)** | **Buddy1 (Y/N)** | **Pregnant (Y/N)** | **Feels ill?**  **(Y/N)** | ***IF PATIENT FEELS ILL, have they experienced any of the following in the last two weeks?*** | | | | | | | **Referred to clinic (Y/N)** |
| **Fever (Y/N)** | **Night**  **sweats (Y/N)** | **Weight loss (Y/N)** | | **Cough (Y/N)** | **Severe headache**  **(Y/N)** | **Other (describe)** |
| **1.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **2.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **3.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **4.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **5.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **6.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **7.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **8.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **9.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |

1 If buddy pick-up then STOP and do not fill out any other columns for this patient

**UAG GROUP ASSEMBLY WORKSHEET**

INSTRUCTIONS: 1. Indicate the meeting times for each group at this clinic in the first column 2. Please mark with an X when a patient is assigned to a particular group

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLINIC NAME** |  | | | | | | | | | | | | | | |
| **GROUP** | **NUMBER OF ADDED MEMBERS** | | | | | | | | | | | | | | |
| **GROUP 1**  DAY OF THE WEEK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  WEEK OF THE MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| **GROUP 2**  DAY OF THE WEEK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  WEEK OF THE MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| **GROUP 3**  DAY OF THE WEEK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  WEEK OF THE MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| **GROUP 4**  DAY OF THE WEEK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  WEEK OF THE MONTH: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |