

Shared with:

wondu (never edited)  
arthurshaw2002 (never edited)  
michael\_wild (never edited)  
l2nguyen (last edited 7/19/2017 8:56:12 PM)  
kmcgee (last edited 8/23/2017 5:17:22 PM)  
asmelash (last edited 4/19/2017 12:51:34 PM)  
florence\_oke (last edited 7/27/2017 11:30:19 AM)  
aggom (never edited)  
aggom (never edited)  
ddeen44 (never edited)  
wondu (never edited)  
akinola\_ade (never edited)  
essential (never edited)  
alexmbush (never edited)

# Patient DIRECT OBSERVATION (HF3/HF4)

---

## COVER

No sub-sections, No rosters, Questions: 6.

## HF3: ANTENATAL CARE

Sub-sections: 17, Rosters: 2, Questions: 211, Static texts: 42, Variables: 3.

## HF4: CHILD UNDER 5 CARE

Sub-sections: 6, Rosters: 2, Questions: 241, Static texts: 29, Variables: 2.

## APPENDIX A — VALIDATION CONDITIONS AND MESSAGES

## APPENDIX B — INSTRUCTIONS

## APPENDIX C — OPTIONS

## LEGEND

## COVER

Health Facility NAME	TEXT SCOPE: IDENTIFYING facility_name .....
Local Government Area	SINGLE-SELECT: COMBO BOX SCOPE: IDENTIFYING lga_code 0201 <input type="radio"/> DEMSA 0202 <input type="radio"/> FUFOR/GURIN 0203 <input type="radio"/> GANYE 0204 <input type="radio"/> GIREI 0205 <input type="radio"/> GOMBI 0206 <input type="radio"/> GUYUK 0207 <input type="radio"/> HONG 0208 <input type="radio"/> JADA 0209 <input type="radio"/> LAMURDE 0210 <input type="radio"/> MADAGALI 0211 <input type="radio"/> MAIHA 0212 <input type="radio"/> MAYO-BELWA 0213 <input type="radio"/> MICHKA 0214 <input type="radio"/> MUBI NORTH 0215 <input type="radio"/> MUBI SOUTH 0216 <input type="radio"/> NUMAN And <a href="#">95 other [1]</a>
State	SINGLE-SELECT SCOPE: IDENTIFYING state_code 02 <input type="radio"/> ADAMAWA 07 <input type="radio"/> BENUE 25 <input type="radio"/> NASARAWA 27 <input type="radio"/> OGUN 28 <input type="radio"/> ONDO 34 <input type="radio"/> TARABA
Ward Name	TEXT SCOPE: IDENTIFYING ward_name .....
Facility Level	SINGLE-SELECT SCOPE: IDENTIFYING facility_level 01 <input type="radio"/> Primary 02 <input type="radio"/> Secondary
INTERVIEWER Name	TEXT SCOPE: IDENTIFYING int_name .....

## HF3: ANTENATAL CARE

HF3: ANTENATAL CARE  
 Roster: ANTENATAL PATIENTS  
 generated by fixed list

anc\_patients

- 001 Antenatal - First Patient (ID #1)
- 002 Antenatal - Second Patient (ID #2)
- 003 Antenatal - Third Patient (ID #3)

101 Antenatal - REPLACEMENT Patient (ID #101)

102 Antenatal - REPLACEMENT Patient (ID #102)

E HF3\_replacement==1 ? @rowcode!=102 : HF3\_replacement==0 || HF3\_replacement==null ? @rowcode!=101 && @rowcode!=102 : true

HF3: ANTENATAL CARE / ANTENATAL PATIENTS

### HF3-1: ANTENATAL-CARE CONSULTATION (#1)

Start time and date of Interview	DATE: CURRENT TIME int_start_time .....
1.01: Patient Name	TEXT HF3_Q101 .....
1.02a: Patient Age  I RECORD COMPLETED YEARS V1 self.InRange(12,59) M1 The age does not seem likely. The person is not of childbearing age. Please review.	NUMERIC: INTEGER HF3_Q102A -----
1.02b: How many antenatal visits has the patient had before this current visit?  I RECORD '0' IF THIS IS HER FIRST VISIT	NUMERIC: INTEGER HF3_Q102B -----
1.02c: Was at least one of those antenatal visits at <u>this clinic</u> ?  E HF3_Q102B>0	SINGLE-SELECT HF3_Q102C 01 <input type="radio"/> YES 02 <input type="radio"/> NO
1.02d: Time of Patient Arrival at the registration/records area  I 7 am is 07:00, 8.30 am is 08:30 and 7 pm is 19:00. V1 \$validtime M1 Time entered is not a valid time. The format should be HH:MM. Please re-enter.	TEXT HF3_Q102D .....
VARIABLE Convert.ToDateTime(HF3_Q102C)	DATETIME ArrivalTime
1.03 : TIME OF ENTRY IN THE CONSULTATION ROOM	DATE: CURRENT TIME HF3_Q103 .....
1.04 : TIME WHEN SERVICE PROVISION STARTED  V1 // Only run validation if the question is answered IsAnswered(self) ? self >= HF3_Q103 : true M1 The time that the service provision started should not be earlier than the time of entry into the consultation room. Please review.	DATE: CURRENT TIME HF3_Q104 .....
1.09 : DID THE HEALTH CARE PROVIDER INTRODUCE HIMSELF OR HERSELF TO THE PATIENT?	SINGLE-SELECT HF3_Q109 01 <input type="radio"/> Yes 02 <input type="radio"/> No
1.10 : WAS THERE ANY OTHER PATIENTS PRESENT IN THE CONSULTATION ROOM AT THE TIME?	SINGLE-SELECT HF3_Q110 01 <input type="radio"/> Yes 02 <input type="radio"/> No
1.11 : ANY OTHER PERSON PRESENT IN THE	SINGLE-SELECT HF3_Q111

CONSULTATION ROOM AT THE TIME?	01 <input type="radio"/> Yes 02 <input type="radio"/> No	
1.12 : WHO ELSE WAS PRESENT THERE OTHER THAN THE PATIENT, HEALTH CARE PROVIDER AND OBSERVER?  E HF3_Q111==1	SINGLE-SELECT 01 <input type="radio"/> ANOTHER HEALTH CARE PROVIDER 02 <input type="radio"/> OTHER FACILITY PERSONNEL 03 <input type="radio"/> OUTSIDER 04 <input type="radio"/> FAMILY & FRIEND	HF3_Q112

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-1: ANTENATAL-CARE CONSULTATION (#1)  
**GENERAL MEDICAL INFORMATION AND PRIOR PREGNANCIES**  
 E HF3\_Q102B==0

STATIC TEXT		
<b>INTERVIEWER: RECORD WHETHER THE PROVIDER ASKED OR DISCUSSED WITH THE CLIENT ANY OF THE FOLLOWING:</b>		
1.13 : IF THIS WAS THE CLIENT'S FIRST VISIT FOR ANTENATAL CARE AT THIS FACILITY FOR THIS PREGNANCY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q113
1.14 : IF THIS WAS THE CLIENT'S FIRST PREGNANCY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q114
1.15 : THE CLIENT'S OR PATIENT'S AGE AT FIRST PREGNANCY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q115
1.16 : MEDICATION CURRENTLY BEING TAKEN	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q116
1.17 : THE DATE THE PATIENT'S LAST MENSTRUAL PERIOD BEGAN	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q117
1.18 : THE NUMBER OF PRIOR PREGENANCIES THE CLIENT HAS HAD	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q118

STATIC TEXT		
E HF3_Q114==2		
<b>INTERVIEWER: RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS ABOUT THE <u>CLIENT'S PRIOR PREGNANCIES</u></b>		
1.19 : PRIOR STILL BIRTHS IF ANY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not applicable	HF3_Q119
1.20 : INFANT(S) WHO DIED IN THE FIRST WEEK OF LIFE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not applicable	HF3_Q120
1.21 : HEAVY BLEEDING DURING OR AFTER DELIVERY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q121

	03 <input type="radio"/> Not applicable	
1.22 : PREVIOUS ASSISTED DELIVERY (CAESAREAN SECTION,VACUUM OR FORCEPS)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not applicable	HF3_Q122
1.23 : PREVIOUS ABORTIONS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not applicable	HF3_Q123

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-1: ANTENATAL-CARE CONSULTATION (#1)  
CURRENT PREGNANCY

STATIC TEXT

**INTERVIEWER:** RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CURRENT PREGNANCY

1.24 : BLEEDING	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q124
1.25 : FEVER	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q125
1.26 : HEADACHE OR BLURRED VISION	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q126
1.27 : SWOLLEN FACE OR HANDS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q127
1.28 : TIREDNESS OR BREATHLESSNESS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q128
1.29 : WHETHER CLIENT FELT THE BABY MOVE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q129
1.30 : ANY OTHER SYMPTOMS OR PROBLEMS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q130
1.31 : SYMPTOMS THE CLIENT THINKS MIGHT BE RELATED TO THIS PREGNANCY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q131

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-1: ANTENATAL-CARE CONSULTATION (#1)  
PROCEDURES AND LABORATORY ORDERS

STATIC TEXT

**INTERVIEWER:** RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES AND LABORATORY ORDERS

1.32 : TAKE BLOOD PRESSURE OF THE CLIENT	SINGLE-SELECT	HF3_Q132
--	---------------	----------

	01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	
1.33 : WEIGH THE CLIENT	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q133
1.34 : EXAMINE FOR ANAEMIA	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q134
1.35 : EXAMINE LEGS/FEET FOR OEDEMA	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q135
1.36 : PALPATE CLIENT'S ABDOMEN FOR FETAL PRESENTATION (OR CONDUCT ULTRASOUND)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q136
1.37 : PALPATE THE CLIENT'S ABDOMEN FOR UTERINE HEIGHT (OR CONDUCT ULTRASOUND)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q137
1.38 : LISTEN TO THE CLIENT'S ABDOMEN FOR FETAL HEARTBEAT	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q138
1.39 : EXAMINE THE CLIENT'S BREASTS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q139
1.40 : CONDUCT VAGINAL EXAMINATION/EXAM OF PERINEAL AREA	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q140
1.41 : PERFORM OR REFER FOR ANAEMIA TEST	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q141
1.42 : PERFORM OR REFER FOR URINE TEST	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q142

1.43 : PERFORM OR REFER THE CLIENT FOR SYPHILIS TEST	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q143
1.44 : PERFORM OR REFER FOR HIV TEST	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q144
1.45 : PROVIDE OR REFER FOR COUNSELLING RELATED TO HIV TEST (IF HIV POSITIVE)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q145
1.46 : LOOK AT THE CLIENT'S HEALTH CARD (EITHER BEFORE BEGINNING THE CONSULTATION OR WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q146

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-1: ANTENATAL-CARE CONSULTATION (#1)  
TREATMENTS AND COUNSELLING

STATIC TEXT

**INTERVIEWER: RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS OR COUNSELLING**

1.47 : PRESCRIBED/GAVE IRON PILLS (TABLETS) OR FOLIC ACID OR BOTH	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q147
1.48 : EXPLAINED THE PURPOSE OF IRON OR FOLIC ACID E HF3_Q147==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q148
1.49 : EXPLAINED HOW TO TAKE IRON OR FOLIC-ACID PILLS (TABLETS) E HF3_Q147==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q149
1.50 : EXPLAINED SIDE EFFECTS OF IRON PILLS E HF3_Q147==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q150
1.51 : PRESCRIBED OR GAVE A TETANUS TOXOID (TT) INJECTION	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q151
1.52 : EXPLAINED THE PURPOSE OF THE TT INJECTION E HF3_Q151==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q152
1.53 : PRESCRIBED/ GAVE ANTI-MALARIAL	SINGLE-SELECT	HF3_Q153

PROPHYLAXIS	01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.54 : EXPLAINED CORRECTLY THE PURPOSE OF THE PREVENTIVE TREATMENT WITH MALARIA MEDICATIONS E HF3_Q153==1	SINGLE-SELECT HF3_Q154 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.55 : EXPLAINED HOW TO TAKE ANTI-MALARIAL MEDICATION E HF3_Q153==1	SINGLE-SELECT HF3_Q155 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.56 : EXPLAINED POSSIBLE SIDE EFFECTS OF MALARIA PILLS E HF3_Q153==1	SINGLE-SELECT HF3_Q156 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know

STATIC TEXT

### DIRECT OBSERVATION

1.57 : OBSERVED THAT THE 1ST DOSE OF INTERMITTENT PREVENTIVE THERAPY (IPT) IS GIVEN IN THE FACILITY E HF3_Q153==1	SINGLE-SELECT HF3_Q157 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.58 : IMPORTANCE OF A SECOND DOSE OF IPT EXPLAINED E HF3_Q153==1	SINGLE-SELECT HF3_Q158 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.59 : IMPORTANCE OF USING INSECTICIDE TREATED NETS (ITN) EXPLAINED EXPLICITLY	SINGLE-SELECT HF3_Q159 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.60 : GIVEN VOUCHER FOR ITN/GIVEN ITN FREE OF CHARGE	SINGLE-SELECT HF3_Q160 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.61 : ITN PURCHASED BY THE CLIENT	SINGLE-SELECT HF3_Q161 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know

STATIC TEXT

### INTERVIEWER: RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS:

1.62 : DISCUSSED QUANTITY OR QUALITY OF FOOD TO EAT DURING PREGNANCY	SINGLE-SELECT HF3_Q162 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
--	--

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-1: ANTENATAL-CARE CONSULTATION (#1)  
**RISK FACTORS**

STATIC TEXT



**INTERVIEWER: RECORD WHETHER THE PROVIDER MENTIONED THE FOLLOWING SIGNS AND SYMPTOMS AS RISK FACTORS FOR WHICH THE WOMAN SHOULD RETURN TO THE FACILITY**

1.63 : VAGINAL BLEEDING	<p>SINGLE-SELECT <span style="float: right;">HF3_Q163</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.64 : FEVER	<p>SINGLE-SELECT <span style="float: right;">HF3_Q164</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.65 : EXCESSIVE TIREDNESS OR BREATHLESSNESS	<p>SINGLE-SELECT <span style="float: right;">HF3_Q165</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.66 : SWOLLEN HANDS AND FACE	<p>SINGLE-SELECT <span style="float: right;">HF3_Q166</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.67 : SEVERE HEADACHE OR BLURRED VISION	<p>SINGLE-SELECT <span style="float: right;">HF3_Q167</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.68 : INFORMED THE CLIENT ABOUT THE PROGRESS OF THE PREGNANCY	<p>SINGLE-SELECT <span style="float: right;">HF3_Q168</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-1: ANTENATAL-CARE CONSULTATION (#1)  
**ADVICE OR COUNSEL ABOUT DELIVERY**

STATIC TEXT

**INTERVIEWER: RECORD WHETHER THE PROVIDER ADVISED OR COUNSELED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS**

1.69 : ASKED THE CLIENT WHERE SHE WILL DELIVER	<p>SINGLE-SELECT <span style="float: right;">HF3_Q169</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.70 : ADVISED THE CLIENT TO PREPARE FOR DELIVERY (E.G. SET ASIDE MONEY, ARRANGE FOR EMERGENCY TRANSPORTATION)	<p>SINGLE-SELECT <span style="float: right;">HF3_Q170</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.71 : ADVISED THE CLIENT TO USE A SKILLED HEALTH CARE PROVIDER DURING DELIVERY	<p>SINGLE-SELECT <span style="float: right;">HF3_Q171</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.72 : DISCUSSED WITH CLIENT WHAT ITEMS TO HAVE ON HAND AT HOME FOR DELIVERY (INCLUDING FOR DELIVERY AT HOME) E.G- STERILE BLADES	<p>SINGLE-SELECT <span style="float: right;">HF3_Q172</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
1.73 : DISCUSSED IMPORTANCE OF	<p>SINGLE-SELECT <span style="float: right;">HF3_Q173</span></p>

IMMUNISATION FOR THE NEWBORN	01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.74 : RECORD WHETHER THE PROVIDER ADVISED EXCLUSIVELY BREASTFEEDING THE INFANT FOR UP TO 6 MONTHS.	SINGLE-SELECT HF3_Q174 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.75 : RECORD WHETHER THE PROVIDER DISCUSSED FAMILY PLANNING (OR BIRTH CONTROL) FOR USE AFTER DELIVERY	SINGLE-SELECT HF3_Q175 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.76 : RECORD WHETHER THE PROVIDER ASKED WHETHER THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS	SINGLE-SELECT HF3_Q176 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.77 : RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELING DURING THE CONSULTATION)	SINGLE-SELECT HF3_Q177 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know
1.78 : RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD	SINGLE-SELECT HF3_Q178 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> No health card used
1.79 : RECORD HOW MANY WEEKS PREGNANT THE CLIENT IS.  I ASK PROVIDER IF NEEDED. IF DON'T KNOW, RECORD '99' V1 self.InRange(11,43)    self==99 M1 Cannot be more than 44 weeks (10 months) pregnant! Please confirm	NUMERIC: INTEGER HF3_Q179  -----
1.80 : RECORD THE OUTCOME OF THE CONSULTATION  I RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDE D	SINGLE-SELECT HF3_Q180 01 <input type="radio"/> Client sent home 02 <input type="radio"/> Client referred to laboratory or other provided at same facility 03 <input type="radio"/> Client admitted to same facility 04 <input type="radio"/> Client referred to other facility 09 <input type="radio"/> Don't know
1.81 : TIME CONSULTATION ENDED WITH THIS PROVIDER  V1 // Only run validation if the question is answered IsAnswered(self) ? self >= HF3_Q104 : true M1 The time that the consultation ended should not be before the time the consultation started. Please review.	DATE: CURRENT TIME HF3_Q181  -----
1.82 : WHERE DID THE PATIENT GO AFTER EXITING THIS CONSULTATION?	SINGLE-SELECT HF3_Q182 01 <input type="radio"/> Waiting area/room 02 <input type="radio"/> Another consultation 03 <input type="radio"/> Pharmacy 04 <input type="radio"/> Laboratory 05 <input type="radio"/> Diagnostic test area 06 <input type="radio"/> Admission to inpatient care 07 <input type="radio"/> Other areas 08 <input type="radio"/> Exit the facility

STATIC TEXT

E HF3\_Q182==2

INTERVIEWER: PROCEED TO ANC CONSULTATION #2 (HF3-2)

STATIC TEXT

E HF3\_Q182==4

INTERVIEWER: PROCEED TO LAB TEST SECTION (HF3-3)

STATIC TEXT

E HF3\_Q182==3

INTERVIEWER: PROCEED TO PHARMACY SECTION (HF3-4)

STATIC TEXT

E HF3\_Q182==5

INTERVIEWER: PROCEED TO DIAGNOSTICS TEST SECTION (HF3-5)

STATIC TEXT

E HF3\_Q182==8

INTERVIEWER: ASK PATIENT TO PROCEED TO EXIT INTERVIEW (HF5)

STATIC TEXT

E HF3\_Q182==6

INTERVIEWER: END THE INTERVIEW

HF3: ANTENATAL CARE / ANTENATAL PATIENTS  
HF3-2: ANTENATAL-CARE CONSULTATION (#2)

E CountValue (2, HF3\_Q182, HF3\_Q321, HF3\_Q424, HF3\_Q529) > 0

2.03 : TIME OF ENTRY IN THE CONSULTATION ROOM	DATE: CURRENT TIME ..... HF3_Q203
2.04 : TIME WHEN SERVICE PROVISION STARTED	DATE: CURRENT TIME ..... HF3_Q204
V1 // Only run validation if the question is answered IsAnswered(self) ? self >= HF3_Q203 : true	
M1 The time that the service provision started should not be earlier than the time of entry into the consultation room. Please review.	
2.09 : DID THE HEALTH CARE PROVIDER INTRODUCE HIMSELF OR HERSELF TO THE PATIENT?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q209
2.10 : WAS THERE ANY OTHER PATIENTS PRESENT IN THE CONSULTATION ROOM AT THE TIME?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q210
2.11 : ANY OTHER PERSON PRESENT IN THE CONSULTATION ROOM AT THE TIME?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q211
2.12 : WHO ELSE WAS PRESENT THERE OTHER THAN THE PATIENT, HEALTH CARE PROVIDER AND OBSERVER?	SINGLE-SELECT 01 <input type="radio"/> ANOTHER HEALTH CARE PROVIDER 02 <input type="radio"/> OTHER FACILITY PERSONNEL 03 <input type="radio"/> OUTSIDER 04 <input type="radio"/> FAMILY & FRIEND HF3_Q212

E HF3\_Q211==1

**INTERVIEWER:** RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CURRENT PREGNANCY

2.24 : BLEEDING	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q224
2.25 : FEVER	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q225
2.26 : HEADACHE OR BLURRED VISION	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q226
2.27 : SWOLLEN FACE OR HANDS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q227
2.28 : TIREDNESS OR BREATHLESSNESS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q228
2.29 : WHETHER CLIENT FELT THE BABY MOVE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q229
2.30 : ANY OTHER SYMPTOMS OR PROBLEMS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q230
2.31 : SYMPTOMS THE CLIENT THINKS MIGHT BE RELATED TO THIS PREGNANCY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q231

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-2: ANTENATAL-CARE CONSULTATION (#2)  
PROCEDURES AND LABORATORY ORDERS

**INTERVIEWER:** RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES AND LABORATORY ORDERS

2.34 : EXAMINE FOR ANAEMIA	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q234
2.35 : EXAMINE LEGS/FEET FOR OEDEMA	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q235
2.36 : PALPATE CLIENT'S ABDOMEN FOR FETAL PRESENTATION (OR CONDUCT ULTRASOUND)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation	HF3_Q236

2.37 : PALPATE THE CLIENT'S ABDOMEN FOR UTERINE HEIGHT (OR CONDUCT ULTRASOUND)	SINGLE-SELECT HF3_Q237 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.38 : LISTEN TO THE CLIENT'S ABDOMEN FOR FETAL HEARTBEAT	SINGLE-SELECT HF3_Q238 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.39 : EXAMINE THE CLIENT'S BREASTS	SINGLE-SELECT HF3_Q239 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.40 : CONDUCT VAGINAL EXAMINATION/EXAM OF PERINEAL AREA	SINGLE-SELECT HF3_Q240 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.41 : PERFORM OR REFER FOR ANAEMIA TEST	SINGLE-SELECT HF3_Q241 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.42 : PERFORM OR REFER FOR URINE TEST	SINGLE-SELECT HF3_Q242 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.43 : PERFORM OR REFER THE CLIENT FOR SYPHILIS TEST	SINGLE-SELECT HF3_Q243 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.44 : PERFORM OR REFER FOR HIV TEST	SINGLE-SELECT HF3_Q244 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.45 : PROVIDE OR REFER FOR COUNSELLING RELATED TO HIV TEST (IF HIV POSITIVE)	SINGLE-SELECT HF3_Q245 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation
2.46 : LOOK AT THE CLIENT'S HEALTH CARD (EITHER BEFORE BEGINNING THE CONSULTATION OR WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT)	SINGLE-SELECT HF3_Q246 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Done before entering consultation

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-2: ANTENATAL-CARE CONSULTATION (#2)  
TREATMENTS AND COUNSELLING

STATIC TEXT

**INTERVIEWER: RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS OR COUNSELLING**

2.47 : PRESCRIBED/GAVE IRON PILLS (TABLETS) OR FOLIC ACID OR BOTH	<p>SINGLE-SELECT <span style="float: right;">HF3_Q247</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.48 : EXPLAINED THE PURPOSE OF IRON OR FOLIC ACID	<p>SINGLE-SELECT <span style="float: right;">HF3_Q248</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.49 : EXPLAINED HOW TO TAKE IRON OR FOLIC-ACID PILLS (TABLETS)	<p>SINGLE-SELECT <span style="float: right;">HF3_Q249</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.50 : EXPLAINED SIDE EFFECTS OF IRON PILLS	<p>SINGLE-SELECT <span style="float: right;">HF3_Q250</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.51 : PRESCRIBED OR GAVE A TETANUS TOXOID (TT) INJECTION	<p>SINGLE-SELECT <span style="float: right;">HF3_Q251</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.52 : EXPLAINED THE PURPOSE OF THE TT INJECTION	<p>SINGLE-SELECT <span style="float: right;">HF3_Q252</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.53 : PRESCRIBED/ GAVE ANTI-MALARIAL PROPHYLAXIS	<p>SINGLE-SELECT <span style="float: right;">HF3_Q253</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.54 : EXPLAINED CORRECTLY THE PURPOSE OF THE PREVENTIVE TREATMENT WITH MALARIA MEDICATIONS	<p>SINGLE-SELECT <span style="float: right;">HF3_Q254</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.55 : EXPLAINED HOW TO TAKE ANTI-MALARIAL MEDICATION	<p>SINGLE-SELECT <span style="float: right;">HF3_Q255</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
2.56 : EXPLAINED POSSIBLE SIDE EFFECTS OF MALARIA PILLS	<p>SINGLE-SELECT <span style="float: right;">HF3_Q256</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>

STATIC TEXT

**DIRECT OBSERVATION**

2.57 : OBSERVED THAT THE 1ST DOSE OF INTERMITTENT PREVENTIVE THERAPY (IPT) IS GIVEN IN THE FACILITY	<p>SINGLE-SELECT <span style="float: right;">HF3_Q257</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
---	--

2.58 : IMPORTANCE OF A SECOND DOSE OF IPT EXPLAINED E HF3_Q253==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q258
2.59 : IMPORTANCE OF USING INSECTICIDE TREATED NETS (ITN) EXPLAINED EXPLICITLY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q259
2.60 : GIVEN VOUCHER FOR ITN/GIVEN ITN FREE OF CHARGE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q260
2.61 : ITN PURCHASED BY THE CLIENT	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q261

STATIC TEXT

**INTERVIEWER: RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS:**

2.62 : DISCUSSED QUANTITY OR QUALITY OF FOOD TO EAT DURING PREGNANCY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q262
--	---	----------

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-2: ANTENATAL-CARE CONSULTATION (#2)  
**RISK FACTORS**

STATIC TEXT

**INTERVIEWER: RECORD WHETHER THE PROVIDER MENTIONED THE FOLLOWING SIGNS AND SYMPTOMS AS RISK FACTORS FOR WHICH THE WOMAN SHOULD RETURN TO THE FACILITY**

2.63 : VAGINAL BLEEDING	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q263
2.64 : FEVER	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q264
2.65 : EXCESSIVE TIREDNESS OR BREATHLESSNESS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q265
2.66 : SWOLLEN HANDS AND FACE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q266
2.67 : SEVERE HEADACHE OR BLURRED VISION	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q267

2.68 : INFORMED THE CLIENT ABOUT THE  
PROGRESS OF THE PREGNANCY

SINGLE-SELECT

HF3\_Q268

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3-2: ANTENATAL-CARE CONSULTATION (#2)  
ADVICE OR COUNSEL ABOUT DELIVERY

STATIC TEXT

**INTERVIEWER:** RECORD WHETHER THE PROVIDER ADVISED OR COUNSELED ABOUT DELIVERY IN ANY  
OF THE FOLLOWING WAYS

2.69 : ASKED THE CLIENT WHERE SHE WILL  
DELIVER

SINGLE-SELECT

HF3\_Q269

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.70 : ADVISED THE CLIENT TO PREPARE FOR  
DELIVERY (E.G. SET ASIDE MONEY, ARRANGE  
FOR EMERGENCY TRANSPORTATION)

SINGLE-SELECT

HF3\_Q270

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.71 : ADVISED THE CLIENT TO USE A SKILLED  
HEALTH CARE PROVIDER DURING DELIVERY

SINGLE-SELECT

HF3\_Q271

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.72 : DISCUSSED WITH CLIENT WHAT ITEMS TO  
HAVE ON HAND AT HOME FOR DELIVERY  
(INCLUDING FOR DELIVERY AT HOME) E.G-  
STERILE BLADES

SINGLE-SELECT

HF3\_Q272

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.73 : DISCUSSED IMPORTANCE OF  
IMMUNISATION FOR THE NEWBORN

SINGLE-SELECT

HF3\_Q273

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.74 : RECORD WHETHER THE PROVIDER  
ADVISED EXCLUSIVELY BREASTFEEDING THE  
INFANT FOR UP TO 6 MONTHS.

SINGLE-SELECT

HF3\_Q274

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.75 : RECORD WHETHER THE PROVIDER  
DISCUSSED FAMILY PLANNING (OR BIRTH  
CONTROL) FOR USE AFTER DELIVERY

SINGLE-SELECT

HF3\_Q275

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.76 : RECORD WHETHER THE PROVIDER ASKED  
WHETHER THE CLIENT HAD ANY QUESTIONS  
AND ENCOURAGED QUESTIONS

SINGLE-SELECT

HF3\_Q276

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.77 : RECORD WHETHER THE PROVIDER USED  
ANY VISUAL AIDS FOR HEALTH EDUCATION OR  
COUNSELING DURING THE CONSULTATION)

SINGLE-SELECT

HF3\_Q277

- 01 ☐ Yes  
02 ☐ No  
09 ☐ Don't know

2.78 : RECORD WHETHER THE PROVIDER  
WROTE ON THE CLIENT'S HEALTH CARD

SINGLE-SELECT

HF3\_Q278

- 01 ☐ Yes  
02 ☐ No  
03 ☐ No health card used



<p><b>2.79 : RECORD HOW MANY WEEKS PREGNANT THE CLIENT IS.</b></p> <p>I ASK PROVIDER IF NEEDED. IF DON'T KNOW, RECORD '99'</p> <p>V1 self&lt;44    self==99</p> <p>M1 Cannot be more than 44 weeks (10 months) pregnant! Please confirm</p>	<p>NUMERIC: INTEGER <span style="float: right;">HF3_Q279</span></p> <p>-----</p>
<p><b>2.80 : RECORD THE OUTCOME OF THE CONSULTATION</b></p> <p>I RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDE D</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q280</span></p> <p>01 <input type="radio"/> Client sent home</p> <p>02 <input type="radio"/> Client referred to laboratory or other provided at same facility</p> <p>03 <input type="radio"/> Client admitted to same facility</p> <p>04 <input type="radio"/> Client referred to other facility</p> <p>09 <input type="radio"/> Don't know</p>
<p><b>2.81 : TIME CONSULTATION ENDED WITH THIS PROVIDER</b></p> <p>V1 // Only run validation if the question is answered IsAnsw ered(self) ? self &gt;= HF3_Q204 : true</p> <p>M1 The time that the consultation ended should not be before the time the consultation started. Please review.</p>	<p>DATE: CURRENT TIME <span style="float: right;">HF3_Q281</span></p> <p>-----</p>
<p><b>2.82 : WHERE DID THE PATIENT GO AFTER EXITING THIS CONSULTATION?</b></p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q282</span></p> <p>01 <input type="radio"/> Waiting area/room</p> <p>02 <input type="radio"/> Another consultation</p> <p>03 <input type="radio"/> Pharmacy</p> <p>04 <input type="radio"/> Laboratory</p> <p>05 <input type="radio"/> Diagnostic test area</p> <p>06 <input type="radio"/> Admission to inpatient care</p> <p>07 <input type="radio"/> Other areas</p> <p>08 <input type="radio"/> Exit the facility</p>
<p>STATIC TEXT</p> <p>E HF3_Q282==4</p> <p><b><u>INTERVIEWER: PROCEED TO LAB TEST SECTION (HF3-3)</u></b></p>	
<p>STATIC TEXT</p> <p>E HF3_Q282==3</p> <p><b><u>INTERVIEWER: PROCEED TO PHARMACY SECTION (HF3-4)</u></b></p>	
<p>STATIC TEXT</p> <p>E HF3_Q282==5</p> <p><b><u>INTERVIEWER: PROCEED TO DIAGNOSTICS TEST SECTION (HF3-5)</u></b></p>	
<p>STATIC TEXT</p> <p>E HF3_Q282==8</p> <p><b><u>INTERVIEWER: ASK PATIENT TO PROCEED TO EXIT INTERVIEW (HF5)</u></b></p>	
<p>STATIC TEXT</p> <p>E HF3_Q282==6</p> <p><b><u>INTERVIEWER: END THE INTERVIEW</u></b></p>	
<p>HF3: ANTENATAL CARE / ANTENATAL PATIENTS</p> <p><b>HF3-3: LAB SERVICE (ANC)</b></p> <p>E CountValue(4, HF3_Q182, HF3_Q282, HF3_Q424, HF3_Q529) &gt; 0</p>	
<p><b>3.03 : LAB WORK DONE TODAY?</b></p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q303</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>

3.04 : TIME WHEN THE PATIENT ARRIVED AT LABORATORY AREA FOR SERVICE  E HF3_Q303==1	DATE: CURRENT TIME HF3_Q304 .....
3.05 : TIME WHEN A PROVIDER STARTED TO PROVIDE SERVICES IN THE LAB  E HF3_Q303==1 V1 self >= HF3_Q304 M1 The time that the service started should be after the time the patient arrived. Please correct.	DATE: CURRENT TIME HF3_Q305 .....
3.10 : DID THE HEALTH CARE PROVIDER INTRODUCE HIMSELF OR HERSELF TO THE PATIENT?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q310
3.11 : DID THE HEALTH CARE PROVIDER LET THE PATIENT KNOW WHAT HE/SHE WILL BE DOING IN THE LAB FOR HER?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q311
3.12 : DID HEALTH CARE PROVIDER COLLECT BLOOD FOR TESTING?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q312
3.13 : DID HEALTH CARE PROVIDER COLLECT URINE FOR TESTING?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q313
3.14: DID THE HEALTH CARE PROVIDER WRITE THE NAME OF THE PATIENT ON THE SPECIMEN COLLECTED?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q314
3.15 : DID THE HEALTH CARE PROVIDER TELL THE PATIENT WHEN THE TEST RESULTS WILL BE AVAILABLE?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q315
3.16 : DID THE HEALTH CARE PROVIDER EXPLAIN THE PURPOSE OF THE LAB TESTS?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q316
3.17 : IF SYRINGE WAS USED, DID THE HEALTH CARE PROVIDER USE A NEW SYRINGE?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q317
3.18 : WAS THE COTTON AND OTHER SUPPLIES USED CLEAN/STERILIZED?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q318
3.19 : DID THE HEALTH CARE PROVIDER USE STERILIZED HAND GLOVES?  E HF3_Q303==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q319
3.20 : TIME PATIENT EXITED THE LAB	DATE: CURRENT TIME HF3_Q320

E HF3_Q303==1 V1 self > HF3_Q305 M1 The time the patient exited the lab should be after the time the service started. Please record time again.	.....
3.21 : WHERE DID THE PATIENT GO NEXT AFTER LAB SERVICES?  F // Do not show lab since this is the lab section @optioncode!=4 E HF3_Q303==1	SINGLE-SELECT <span style="float: right;">HF3_Q321</span> 01 <input type="radio"/> Waiting area/room 02 <input type="radio"/> Another consultation 03 <input type="radio"/> Pharmacy 04 <input type="radio"/> Laboratory 05 <input type="radio"/> Diagnostic test area 06 <input type="radio"/> Admission to inpatient care 07 <input type="radio"/> Other areas 08 <input type="radio"/> Exit the facility

STATIC TEXT

E HF3\_Q321==2  
***INTERVIEWER: PROCEED TO ANC CONSULTATION #2 (HF3-2)***

STATIC TEXT

E HF3\_Q321==3 && !IsAnswered (HF3\_Q403)  
***INTERVIEWER: PROCEED TO PHARMACY SECTION (HF3-4)***

STATIC TEXT

E HF3\_Q321==5  
***INTERVIEWER: PROCEED TO DIAGNOSTICS TEST SECTION (HF3-5)***

STATIC TEXT

E HF3\_Q321==8 || (IsAnswered (HF3\_Q303) && IsAnswered (HF3\_Q403) && IsAnswered (HF3\_Q503) )  
***INTERVIEWER: ASK PATIENT TO PROCEED TO EXIT INTERVIEW (HF5)***

STATIC TEXT

E HF3\_Q321==6  
***INTERVIEWER: END THE INTERVIEW***

HF3: ANTENATAL CARE / ANTENATAL PATIENTS  
**HF3-4 : PHARMACY SERVICE (ANC)**

E CountValue (3, HF3\_Q182, HF3\_Q282, HF3\_Q321, HF3\_Q529) > 0

4.03 : DRUGS OBTAINED TODAY?	SINGLE-SELECT <span style="float: right;">HF3_Q403</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
4.04 : TIME WHEN THE PATIENT ARRIVED AT PHARMACY OR STORE AREA FOR SERVICE  E HF3_Q403==1	DATE: CURRENT TIME <span style="float: right;">HF3_Q404</span> .....
4.09 : IS THERE A QUEUE TO GET DRUGS?  E HF3_Q403==1	SINGLE-SELECT <span style="float: right;">HF3_Q409</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
4.10 : AT WHAT TIME DID THE PHARMACY STORE PERSON START PROVIDING SERVICE TO PATIENT?  E HF3_Q403==1	DATE: CURRENT TIME <span style="float: right;">HF3_Q410</span> .....
4.11 : DID THE HEALTH CARE PROVIDER ASK FOR THE PRESCRIPTION FROM THE PATIENT?	SINGLE-SELECT <span style="float: right;">HF3_Q411</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No

E HF3_Q403==1		
4.12 : DID HEALTH CARE PROVIDER LET THE PATIENT KNOW IF THE FACILITY HAS ALL THE DRUGS PRESCRIBED?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q412
E HF3_Q403==1		
4.13 : DID HEALTH CARE PROVIDER LET THE PATIENT KNOW PRICE OF EACH OF THE DRUGS?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q413
E HF3_Q403==1		
4.14 : WAS THE HEALTH CARE PROVIDER RESPECTFUL TOWARDS THE PATIENT?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q414
E HF3_Q403==1		
4.15 : DID THE HEALTH CARE PROVIDER RESPOND TO ALL THE QUESTIONS THE PATIENT HAD?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q415
E HF3_Q403==1		
4.16 : DID THE HEALTHCARE WORKER EXPLAIN THE NUMBER OF TIMES THE DRUGS SHOULD BE TAKEN IN A DAY?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q416
E HF3_Q403==1		
4.17 : DID THE HEALTHCARE WORKER MENTION HOW LONG EACH OF THE MEDICINES SHOULD BE TAKEN?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q417
E HF3_Q403==1		
4.18 :DID THE HEALTH CARE PROVIDER DISCUSS POTENTIAL SIDE EFFECTS OF THE DRUGS?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q418
E HF3_Q403==1		
4.19 : HOW MANY DRUGS WERE PRESCRIBED TO THE PATIENT TODAY? (ASK DRUG DISPENSER IF NOT SURE)	NUMERIC: INTEGER -----	HF3_Q419
E HF3_Q403==1		
4.20 : HOW MANY DRUGS DID THE PATIENT BUY OR GET TODAY? (ASK THE DRUG DISPENSER)	NUMERIC: INTEGER -----	HF3_Q420
E HF3_Q403==1		
4.21 : DID THE PROVIDER PRESCRIBE ANY ANTIBIOTICS TO THE PATIENT TODAY? (ASK DRUG DISPENSER)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF3_Q421
E HF3_Q403==1		
4.22 : HOW MANY ANTIBIOTICS WERE PRESCRIBED? (ASK THE DRUG DISPENSER AT THE PHARMACY).	NUMERIC: INTEGER -----	HF3_Q422
I IF NONE, RECORD "0"		
E HF3_Q403==1 && HF3_Q421==1		
4.23 : TIME WHEN THE PATIENT RECEIVED THE	DATE: CURRENT TIME	HF3_Q423

<p>DRUGS AND EXITED THE PHARMACY AREA</p> <p>E HF3_Q403==1</p> <p>V1 self &gt; HF3_Q404</p> <p>M1 The time the patient exited the pharmacy area should be after the time they arrived. Please record time again.</p>	<p>.....</p>
<p>4.24 : WHERE DID THE PATIENT GO NEXT AFTER PHARMACY SERVICES?</p> <p>F // Do not show pharmacy @optioncode!=3</p> <p>E HF3_Q403==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q424</span></p> <p>01 <input type="radio"/> Waiting area/room</p> <p>02 <input type="radio"/> Another consultation</p> <p>03 <input type="radio"/> Pharmacy</p> <p>04 <input type="radio"/> Laboratory</p> <p>05 <input type="radio"/> Diagnostic test area</p> <p>06 <input type="radio"/> Admission to inpatient care</p> <p>07 <input type="radio"/> Other areas</p> <p>08 <input type="radio"/> Exit the facility</p>

STATIC TEXT

E HF3\_Q424==2

**INTERVIEWER: PROCEED TO ANC CONSULTATION #2 (HF3-2)**

STATIC TEXT

E HF3\_Q424==4 && !IsAnswered (HF3\_Q303)

**INTERVIEWER: PROCEED TO LAB TEST SECTION (HF3-3)**

STATIC TEXT

E HF3\_Q424==5 && !IsAnswered (HF3\_Q503)

**INTERVIEWER: PROCEED TO DIAGNOSTICS TEST SECTION (HF3-5)**

STATIC TEXT

E HF3\_Q424==8 || (IsAnswered (HF3\_Q303) && IsAnswered (HF3\_Q403) && IsAnswered (HF3\_Q503))

**INTERVIEWER: ASK PATIENT TO PROCEED TO EXIT INTERVIEW (HF5)**

STATIC TEXT

E HF3\_Q424==6

**INTERVIEWER: END THE INTERVIEW**

HF3: ANTENATAL CARE / ANTENATAL PATIENTS

HF3-5 : DIAGNOSTIC TESTS (ANC)

E CountValue (5, HF3\_Q182, HF3\_Q282, HF3\_Q321, HF3\_Q424) > 0

5.03 : DIAGNOSTIC TESTS DONE TODAY?	<p>SINGLE-SELECT <span style="float: right;">HF3_Q503</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
5.04 : TIME WHEN THE PATIENT ARRIVED AT DIAGNOSTIC TEST AREA FOR SERVICE	<p>DATE: CURRENT TIME <span style="float: right;">HF3_Q504</span></p> <p>.....</p>
5.09 : AT WHAT TIME HEALTH CARE PROVIDER STARTED PROVIDING SERVICE TO PATIENT?	<p>DATE: CURRENT TIME <span style="float: right;">HF3_Q509</span></p> <p>.....</p>
5.10 : DID THE HEALTH CARE PROVIDER ASK FOR THE DIAGNOSTIC TEST ORDER AND/OR RECEIVED IT FROM PATIENT?	<p>SINGLE-SELECT <span style="float: right;">HF3_Q510</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
5.11 : LIST THE TESTS ORDERED BY HEALTH	<p>MULTI-SELECT: YES/NO <span style="float: right;">HF3_Q511</span></p>

<p>CARE PROVIDER</p> <p>I FOR EACH OPTION, RECORD YES OR NO.</p> <p>E HF3_Q503==1</p>	<p>01 <input type="checkbox"/> / <input type="checkbox"/> CHEST X-RAY</p> <p>02 <input type="checkbox"/> / <input type="checkbox"/> OTHER X-RAY</p> <p>03 <input type="checkbox"/> / <input type="checkbox"/> ECG</p> <p>04 <input type="checkbox"/> / <input type="checkbox"/> ULTRASOUND</p> <p>05 <input type="checkbox"/> / <input type="checkbox"/> MEMOGRAMS</p> <p>06 <input type="checkbox"/> / <input type="checkbox"/> OTHER TESTS</p>
<p>5.11 : SPECIFY OTHER TESTS</p> <p>E HF3_Q511.Yes.Contains (6)</p>	<p>TEXT <span style="float: right;">HF3_Q511 other</span></p> <p>.....</p>
<p>5.12 : WERE ALL THE TESTS ORDERED BY HEALTH CARE PROVIDER DONE FOR THE PATIENT?</p> <p>E HF3_Q503==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q512</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>5.13 : THE REASON FOR NOT DOING ALL THE TESTS</p> <p>E HF3_Q512==2</p>	<p>MULTI-SELECT: YES/NO <span style="float: right;">HF3_Q513</span></p> <p>01 <input type="checkbox"/> / <input type="checkbox"/> NO ELECTRICITY</p> <p>02 <input type="checkbox"/> / <input type="checkbox"/> NO MACHINE</p> <p>03 <input type="checkbox"/> / <input type="checkbox"/> MACHINE NOT WORKING</p> <p>04 <input type="checkbox"/> / <input type="checkbox"/> SUPPLIES NEEDED FOR TEST</p> <p>05 <input type="checkbox"/> / <input type="checkbox"/> NOT AVAILABLE</p> <p>06 <input type="checkbox"/> / <input type="checkbox"/> PATIENT DID NOT WANT</p> <p>07 <input type="checkbox"/> / <input type="checkbox"/> OTHERS SPECIFY</p>
<p>5.13: OTHER REASONS SPECIFY FOR DOING THE TESTS</p> <p>E HF3_Q513.Yes.Contains (7)</p>	<p>TEXT <span style="float: right;">HF3_Q513 other</span></p> <p>.....</p>
<p>5.14 : DID THE HEALTH CARE PROVIDER ENSURE THAT THE TEST RESULT CAN BE MATCHED WITH PATIENT NAME?</p> <p>E HF3_Q503==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q514</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>5.15 : DID THE HEALTH CARE PROVIDER ADOPT SAFETY MEASURES FOR THE SAFETY OF BOTH THE WORKER AND THE PATIENT?</p> <p>E HF3_Q503==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q515</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>5.16 : DID THE HEALTH CARE PROVIDER BEHAVE WELL WITH THE PATIENT?</p> <p>E HF3_Q503==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q516</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>5.17 : DID THE HEALTH CARE PROVIDER ASK THE PATIENT IF THEY HAVE ANY QUESTIONS?</p> <p>E HF3_Q503==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q517</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>5.18 : DID THE PATIENT ASK ANY QUESTION IN RESPONSE?</p> <p>E HF3_Q503==1 &amp;&amp; HF3_Q517==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q518</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>5.19 : DID THE HEALTH CARE PROVIDER RESPOND TO THE QUESTIONS?</p> <p>E HF3_Q503==1 &amp;&amp; HF3_Q517==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q519</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>5.20 : DID THE HEALTH CARE PROVIDER TELL THE PATIENT WHAT TESTS WILL BE DONE?</p>	<p>SINGLE-SELECT <span style="float: right;">HF3_Q520</span></p> <p>01 <input type="radio"/> Yes</p>

E HF3_Q503==1	02 <input type="radio"/> No
5.21 : DID THE HEALTH CARE PROVIDER EXPLAIN THE STEPS TO BE FOLLOWED FOR THE TEST?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q521
E HF3_Q503==1	
5.22 : DID THE HEALTH CARE PROVIDER INFORMED THE PATIENT WHEN THE RESULTS WILL BE AVAILABLE?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q522
E HF3_Q503==1	
5.23 : DID HEALTH CARE PROVIDER USE PROTECTIVE JACKET FOR X-RAYS?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable HF3_Q523
E HF3_Q503==1	
5.24 : DID HEALTH CARE PROVIDER USE CLEAN SUPPLIES FOR DOING DIAGNOSTIC TESTS (UNUSED SUPPLIES)?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable HF3_Q524
E HF3_Q503==1	
5.25 : WAS THE PRINTOUT OF ECG CLEAR?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable HF3_Q525
E HF3_Q503==1	
5.26 : WAS THE PRINTOUT OF ULTRASOUND CLEAR?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable HF3_Q526
E HF3_Q503==1	
5.27 : DID THE HEALTH CARE PROVIDER TELL THE PATIENT THE COST OF EACH OF THE TESTS?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF3_Q527
E HF3_Q503==1	
5.28 : TIME WHEN THE PATIENT COMPLETED THE TESTS AND EXITED THE AREA	DATE: CURRENT TIME HF3_Q528 .....
E HF3_Q503==1 V1 self > HF3_Q504 M1 The time that the patient exited the area should be after the time they arrived. Please record the time again.	
5.29 : WHERE DID THE PATIENT GO NEXT AFTER DIAGNOSTIC TESTS?	SINGLE-SELECT 01 <input type="radio"/> Waiting area/room 02 <input type="radio"/> Another consultation 03 <input type="radio"/> Pharmacy 04 <input type="radio"/> Laboratory 05 <input type="radio"/> Diagnostic test area 06 <input type="radio"/> Admission to inpatient care 07 <input type="radio"/> Other areas 08 <input type="radio"/> Exit the facility HF3_Q529
F // Do not show diagnostic test since it is the current section @optioncode!=5 E HF3_Q503==1	

STATIC TEXT

E HF3\_Q529==2

**INTERVIEWER: PROCEED TO ANC CONSULTATION #2 (HF3-2)**

STATIC TEXT

E HF3\_Q529==4 && !IsAnswered (HF3\_Q303)

**INTERVIEWER: PROCEED TO LAB TEST SECTION (HF3-3)**

STATIC TEXT

E HF3\_Q529==3 && !IsAnswered(HF3\_Q403)

**INTERVIEWER: PROCEED TO PHARMACY SECTION (HF3-4)**

STATIC TEXT

E HF3\_Q529==8 || (IsAnswered(HF3\_Q303) && IsAnswered(HF3\_Q403) && IsAnswered(HF3\_Q503))

**INTERVIEWER: ASK PATIENT TO PROCEED TO EXIT INTERVIEW (HF5)**

STATIC TEXT

E HF3\_Q529==6

**INTERVIEWER: END THE INTERVIEW**

VARIABLE

CountValue(6, HF3\_Q182, HF3\_Q282, HF3\_Q321, HF3\_Q424, HF3\_Q529)>0

BOOLEAN

HF3\_admitted

HF3: ANTENATAL CARE / ANTENATAL PATIENTS

**HF3: INFORMATION ON HEALTH CARE PROVIDERS**

HF3: ANTENATAL CARE / ANTENATAL PATIENTS / HF3: INFORMATION ON HEALTH CARE PROVIDERS

**Roster: HEALTH CARE PROVIDER**

generated by fixed list

HF3\_HCP\_Info

01 ANC CONSULTATION #1

02 ANC CONSULTATION #2

03 LAB SERVICE

04 PHARMACY SERVICE

05 DIAGNOSTICS SERVICE

E @rowcode==2 ? IsAnswered(HF3\_Q204) : @rowcode==3 ? HF3\_Q303==1 : @rowcode==4 ? HF3\_Q403==1 : @rowcode==5 ? HF3\_Q503==1 : true

6.01 : NAME OF HEALTH CARE PROVIDER PROVIDING %rosteritle%

TEXT

HF3\_Q601

6.02: SEX OF HEALTH CARE PROVIDER PROVIDING %rosteritle%

SINGLE-SELECT

HF3\_Q602

01 ☐ Male

02 ☐ Female

6.03 : RECORD HEALTH CARE PROVIDER TYPE PROVIDING %rosteritle%

SINGLE-SELECT

HF3\_Q603

01 ☐ Doctor or medical officer

02 ☐ Hospital secretary

03 ☐ Nurse midwife

04 ☐ Nurse

05 ☐ Midwife

06 ☐ Pharmacist

07 ☐ Environmental health

09 ☐ Pharmacy technician/Dispenser

10 ☐ Lab technologist/scientist

11 ☐ Lab technician/assistant

50 ☐ Public Health Nurse

51 ☐ Community Health Officer (CHO)

52 ☐ Community Health Extension Worker (CHEW)

53 ☐ Junior Community Health Extension Worker (JCHEW)

54 ☐ Medical Records Officer

55 ☐ Auxiliary nurse/midwife

V1 self.InList(1,3,4,5,6,9,10,11,50,51,52,53)

M1 This cannot be a clinical staff. Please correct



	And <a href="#">1 other [2]</a>
<p>6.03_oth: Please specify the other health care provider type</p> <p>E HF3_Q603==96</p>	<p>TEXT <span>HF3_Q603SPEC</span></p> <p>.....</p>
<p>6.04. How old is the health care provider in completed years?</p> <p>I NUMBER OF YEARS, IF ABOVE 70 RECORD 70</p> <p>V1 self.InRange (18, 75)</p> <p>M1 This age seems unlikely. Please correct</p>	<p>NUMERIC: INTEGER <span>HF3_Q604</span></p> <p>-----</p>
<p>6.05: What is the highest academic qualification that the health care provider has obtained?</p> <p>V1 // Highly educated positions - at least bachelors self&gt;= 3 &amp;&amp; HF3_Q603.InList (1,3,4,5,6,9,10,11,13,52,53,50,51)     // medium education - at least secondary self&gt;=2 &amp;&amp; HF3_Q603.InList (3,4,5,6,9,10,11,13 And <a href="#">92 other symbols [1]</a></p> <p>M1 The highest academic qualification (%HF3_Q605%) obtained seems to o low for their position in this facility. Please review.</p>	<p>SINGLE-SELECT <span>HF3_Q605</span></p> <p>02 <input type="radio"/> Secondary School Certificate</p> <p>03 <input type="radio"/> Bachelor degree</p> <p>04 <input type="radio"/> Master degree or higher</p> <p>05 <input type="radio"/> Certificate</p> <p>06 <input type="radio"/> Diploma</p> <p>07 <input type="radio"/> Higher national diploma</p> <p>08 <input type="radio"/> MBBS</p> <p>09 <input type="radio"/> Don't know</p>
<p>6.06: For how many years has he/she been in his/her current position?</p> <p>V1 self&lt;= (HF3_Q604-21)</p> <p>M1 The number of years worked in this position does not seem correct. Please confirm.</p>	<p>NUMERIC: INTEGER <span>HF3_Q606</span></p> <p>-----</p>
<p>VARIABLE</p> <p>anc_patients.Count (x=&gt;x.HF3_admitted==true)</p>	<p>LONG <span>HF3_num_adm</span></p>
<p>INTERVIEWER: HOW MANY REPLACEMENT OBSERVATIONS ARE NECESSARY?</p> <p>I REPLACEMENT OBSERVATIONS SHOULD BE CONDUCTED IF THE PATIENT REFUSES TO PARTICIPATE IN THE EXIT INTERVIEW OR IF THE OBSERVATION IS NOT ABLE TO BE COMPLETED RECORD '0' IF NONE NEEDED. UP TO TWO REPLACE And <a href="#">23 other symbols [1]</a></p> <p>V1 self&lt;=2</p> <p>M1 A maximum of 2 replacements are allowed.</p> <p>V2 self&gt;= HF3_num_adm</p> <p>M2 There were %HF3_num_adm% patients reported to be admitted to inpatient care. You have to replace any patient that an exit interview cannot be completed for!</p>	<p>NUMERIC: INTEGER <span>HF3_replacement</span></p> <p>-----</p>

## HF4: CHILD UNDER 5 CARE

HF4: CHILD UNDER 5 CARE

### Roster: UNDER 5 PATIENT

generated by fixed list

HF4\_patients

004 Under 5 - First Patient (ID #4)

005 Under 5 - Second Patient (ID #5)

006 Under 5 - Third Patient (ID #6)

104 Under 5 - REPLACEMENT Patient (ID #104)

105 Under 5 - REPLACEMENT Patient (ID #105)

E HF4\_replacement==1 ? @rowcode!=105 : HF4\_replacement==0 || HF4\_replacement==null ? @rowcode!=104 && @rowcode!=105 : true

HF4: CHILD UNDER 5 CARE / UNDER 5 PATIENT  
HF4-1: CHILD UNDER 5 CONSULTATION (#1)

STATIC TEXT

**INTERVIEWER:** *The patient for under 5 care is the child and not the caregiver.*

Start time and Date of Interview	DATE: CURRENT TIME HF4_start_time .....
Q1.01. Patient Name	TEXT HF4_Q101 .....
Q1.02a : Patient age in Months  I IF LESS THAN A MONTH, WRITE 00 V1 self.InRange(0,59) M1 Child must be under 5 years old (59 months or younger)!	NUMERIC: INTEGER HF4_Q102A -----
Q1.02b. Sex of Patient	SINGLE-SELECT HF4_Q102B 01 <input type="radio"/> Male 02 <input type="radio"/> Female
Q1.02c. Time of Patient Arrival at the registration/records area  I 7 am is 07:00, 8.30 am is 08:30 and 7 pm is 19:00. V1 \$validtime M1 Time entered is not a valid time. The format should be HH:MM. Please re-enter.	TEXT HF4_Q102C .....
Q1.03 : TIME OF ENTRY IN THE CONSULTATION ROOM	DATE: CURRENT TIME HF4_Q103 .....
Q1.04 : TIME WHEN SERVICE PROVISION STARTED  V1 self >= HF4_Q103 M1 The time that the service started should be after the time of entry. Please record the time again.	DATE: CURRENT TIME HF4_Q104 .....

STATIC TEXT

**INTERVIEWER:** *BASED ON YOUR DIRECT OBSERVATIONS, RECORD WHETHER THE PROVIDER DID THE FOLLOWING:*

Q1.10 : DID THE HEALTH CARE PROVIDER GREET PATIENT AND/OR caregiver?	SINGLE-SELECT HF4_Q110 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.11 : DID THE HEALTH CARE PROVIDER WASH HANDS WITH SOAP AND WATER BEFORE EXAMINING THE PATIENT?	SINGLE-SELECT HF4_Q111 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.12: DID THE HEALTH CARE PROVIDER ASK AGE OF PATIENT?	SINGLE-SELECT HF4_Q112 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.13 : DID THE HEALTH CARE PROVIDER ASK ABOUT NATURE OF COMPLAINT?	SINGLE-SELECT HF4_Q113 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.14: WHAT WAS THE PRIMARY COMPLAINT FOR BRINGING IN THE CHILD	SINGLE-SELECT HF4_Q114 01 <input type="radio"/> Diarrhea

	02 <input type="radio"/> Fever 03 <input type="radio"/> Cough/ difficult breathing 04 <input type="radio"/> Skin Disease 05 <input type="radio"/> Tonsillitis/ Sore throat 06 <input type="radio"/> Otitis media/ Pain in ear 07 <input type="radio"/> Injury 96 <input type="radio"/> Other	
Q1.14_oth : Specify Other PRIMARY COMPLAINT FOR BRINGING IN THE CHILD  E HF4_Q114==96	TEXT HF4_Q114_oth .....	
Q1.15 : ARE THERE ANY OTHER COMPLAINTS ASSOCIATED WITH PRIMARY COMPLAINT  I SELECT ALL MENTIONED IF NO OTHER COMPLAINT, SELECT "NO OTHER COMPLAINT" V1 self.Contains(98) ? self.ContainsOnly(98): true M1 YOU HAVE SELECTED "NO OTHER COMPLAINTS" AND ALSO ANOTHER	MULTI-SELECT HF4_Q115 01 <input type="checkbox"/> Diarrhea 02 <input type="checkbox"/> Fever 03 <input type="checkbox"/> Cough/ difficult breathing 04 <input type="checkbox"/> Skin Disease 05 <input type="checkbox"/> Tonsillitis/ Sore throat 06 <input type="checkbox"/> Otitis media/ Pain in ear 07 <input type="checkbox"/> Injury 96 <input type="checkbox"/> Other 98 <input type="checkbox"/> No other complaint	
Q1.15_oth : SPECIFY OTHER COMPLAINT  E HF4_Q115.Contains(96)	TEXT HF4_Q115_oth .....	
Q1.16 : IS THE DURATION OF THE PRIMARY COMPLAINT ASKED?	SINGLE-SELECT HF4_Q116 01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.17 : DID SOMEONE IN THE FACILITY WEIGH THE CHILD?	SINGLE-SELECT HF4_Q117 01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.18 : DID SOMEONE IN THE FACILITY MEASURE THE HEIGHT OF THE CHILD?	SINGLE-SELECT HF4_Q118 01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.19 : DID SOMEONE IN THE FACILITY PLOT THE CHILD'S HEIGHT FOR WEIGHT?	SINGLE-SELECT HF4_Q119 01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.20 : DOES THE HEALTH CARE PROVIDER ASK WHETHER CHILD IS ABLE TO DRINK OR BREASTFEED?	SINGLE-SELECT HF4_Q120 01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.21 : DOES THE HEALTH CARE PROVIDER ASK WHETHER CHILD VOMITS AFTER FEEDING OR DRINKING?	SINGLE-SELECT HF4_Q121 01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.22 : DOES THE HEALTH CARE PROVIDER ASK WHETHER CHILD HAS LETHARGY OR A CHANGE IN LEVEL OF CONSCIOUSNESS?	SINGLE-SELECT HF4_Q122 01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.23: DOES THE HEALTH CARE PROVIDER ASK ABOUT CONVULSIONS?	SINGLE-SELECT HF4_Q123 01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.24: DOES THE HEALTH CARE PROVIDER ASK ABOUT DIARRHEA?	SINGLE-SELECT HF4_Q124 01 <input type="radio"/> Yes	

	02 <input type="radio"/> No	
Q1.25 : DOES THE PATIENT HAVE DIARRHEA?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> DON'T KNOW	HF4_Q125
Q1.26 : HEALTH CARE PROVIDER ASKED THE DURATION OF DIARRHEA EPISODE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q126
E HF4_Q125==1		
Q1.27: HEALTH CARE PROVIDER ASKED IF CAREGIVER HAS NOTICED BLOOD IN STOOL?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q127
E HF4_Q125==1		
Q1.28 : HEALTH CARE PROVIDER CHECKED DEHYDRATION BY SKIN PINCH	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q128
E HF4_Q125==1		
Q1.29 : WHAT IS THE DIAGNOSIS MENTIONED BY THE HEALTH CARE PROVIDER FOR CHILD'S DIARRHEA?	SINGLE-SELECT 01 <input type="radio"/> No diagnosis mentioned 02 <input type="radio"/> severe dehydration 03 <input type="radio"/> some dehydration 04 <input type="radio"/> no dehydration 05 <input type="radio"/> Severe persistent diarrhoea 06 <input type="radio"/> persistent diarrhoea 07 <input type="radio"/> Dysentery 08 <input type="radio"/> Other(specify)	HF4_Q129
E HF4_Q125==1		
Q1.29_oth : SPECIFY OTHER DIAGNOSIS RESULT	TEXT .....	HF4_Q129_oth
E HF4_Q129==8		
Q1.30: DOES THE HEALTH CARE PROVIDER ASK ABOUT COUGH OR DIFFICULTY BREATHING?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q130
Q1.31 : DOES THE PATIENT HAVE COUGH OR DIFFICULTY BREATHING?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Don't know	HF4_Q131
Q1.32: HEALTH CARE PROVIDER ASKED HOW LONG THE CHILD HAS COUGH	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q132
E HF4_Q131==1		
Q1.33: HEALTH CARE PROVIDER ASKED ABOUT STRIDOR OR WHEEZING	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q133
E HF4_Q131==1		
Q1.34: HEALTH CARE PROVIDER CHECKED BREATHING RATE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q134
E HF4_Q131==1		
Q1.35: HEALTH CARE PROVIDER LIFTED/REMOVED SHIRT/CLOTHING FOR PHYSICAL CHECKUP	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q135
E HF4_Q131==1		

<p>Q1.36 : HEALTH CARE PROVIDER LISTENED WITH STETHOSCOPE</p> <p>E HF4_Q131==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q136</p>
<p>Q1.37: WHAT IS THE DIAGNOSIS MENTIONED BY THE HEALTH CARE PROVIDER FOR CHILD'S COUGH/DIFFICULTY IN BREATHING?</p> <p>E HF4_Q131==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> No diagnosis mentioned</p> <p>02 <input type="radio"/> Severe Pneumonia/very severe disease</p> <p>03 <input type="radio"/> Pneumonia</p> <p>04 <input type="radio"/> No Pneumonia</p> <p>08 <input type="radio"/> Other specify</p> <p>HF4_Q137</p>
<p>Q1.37_oth : SPECIFY OTHER DIAGNOSIS RESULT</p> <p>E HF4_Q137==8</p>	<p>TEXT</p> <p>HF4_Q137_oth</p> <p>.....</p>
<p>Q1.38: DOES HEALTH CARE PROVIDER ASK ABOUT FEVER IN THE PAST 24 HOURS?</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q138</p>
<p>Q1.39: DID THE PATIENT HAVE FEVER IN THE PAST 24 HOURS?</p> <p>E HF4_Q138==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> DON'T KNOW</p> <p>HF4_Q139</p>
<p>Q1.40: HEALTH CARE PROVIDER CHECKED TEMPERATURE IN THIS VISIT</p> <p>E HF4_Q139==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q140</p>
<p>Q1.41: HEALTH CARE PROVIDER ASKED HOW LONG THE PATIENT HAD FEVER</p> <p>E HF4_Q139==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q141</p>
<p>Q1.42: HEALTH CARE PROVIDER ASKED IF PATIENT HAD MEASLES PREVIOUSLY</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q142</p>
<p>Q1.43: HEALTH CARE PROVIDER CHECKED FONTANELLE (FOR PATIENTS LESS THAN 18 MONTHS)</p> <p>E // for patients less than 18 months of age HF4_Q102A&lt;=18</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q143</p>
<p>Q1.44: HEALTH CARE PROVIDER EXAMINED PATIENT EYES</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q144</p>
<p>Q1.45: HEALTH CARE PROVIDER LOOKED FOR RUNNY NOSE</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q145</p>
<p>Q1.46: HEALTH CARE PROVIDER LOOKED FOR SKIN RASH</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q146</p>
<p>Q1.47: DIAGNOSIS MENTIONED BY HEALTH CARE PROVIDER FOR CHILD'S FEVER</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> No diagnosis mentioned</p> <p>02 <input type="radio"/> Very severe febrile disease</p> <p>03 <input type="radio"/> Malaria</p> <p>04 <input type="radio"/> Fever, Malaria unlikely</p> <p>05 <input type="radio"/> Fever, no malaria</p> <p>06 <input type="radio"/> Severe complicated measles</p> <p>HF4_Q147</p>

	07 <input type="radio"/> Measles with eye / mouth complication 08 <input type="radio"/> Measles 09 <input type="radio"/> Other
Q1.47_oth : SPECIFY OTHER DIAGNOSIS RESULT FOR CHILD FEVER  E HF4_Q147==9	TEXT HF4_Q147_oth .....
Q1.48: HEALTH CARE PROVIDER CHECKED AND LOOKED INSIDE THE EARS	SINGLE-SELECT HF4_Q148 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.49: HEALTH CARE PROVIDER LOOKED BEHIND EARS	SINGLE-SELECT HF4_Q149 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.50: HEALTH CARE PROVIDER ASKED IF CHILD HAS EAR PAIN OR DISCHARGE FROM EAR	SINGLE-SELECT HF4_Q150 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.51: HEALTH CARE PROVIDER CHECKED THE PALMS OF CHILD'S HANDS, OR COMPARE THESE AGAINST MOTHER'S (ANEMIA)	SINGLE-SELECT HF4_Q151 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.52: HEALTH CARE PROVIDER LOOKED AT BOTH FEET OR BOTH ANKLES FOR OEDEMA	SINGLE-SELECT HF4_Q152 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.53: DOOR WAS CLOSED OR SCREEN WAS DRAWN TO ENSURE PATIENT'S PRIVACY	SINGLE-SELECT HF4_Q153 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.54: HEALTH CARE PROVIDER TELLS MOTHER/CAREGIVER THE NAME OF THE DISEASE	SINGLE-SELECT HF4_Q154 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.55: HEALTH CARE PROVIDER EXPLAINS THE DISEASE, ITS CAUSES AND/OR COURSE(THE NATURAL PROGRESSION OF THE DISEASE)	SINGLE-SELECT HF4_Q155 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.56: HEALTH CARE PROVIDER EXPLAINS WHAT THE MOTHER/CAREGIVER SHOULD DO AT HOME FOR THE CHILDHEALTHCARE PROVIDER EXPLAINS WHAT THE MOTHER/CAREGIVER SHOULD DO AT HOME FOR THE CHILD	SINGLE-SELECT HF4_Q156 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.57a: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">GIVE MORE FLUIDS</a>  E HF4_Q156==1	SINGLE-SELECT HF4_Q157a 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q1.57b: DOES THE HEALTH CARE PROVIDER RECOMMEND <a href="#">CONTINUE OR INCREASE FEEDINGS AND/OR BREAST FEEDING</a>  E HF4_Q156==1	SINGLE-SELECT HF4_Q157b 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q1.57c: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">GIVE TEPID BATHS FOR FEVER</a>	SINGLE-SELECT HF4_Q157c 01 <input type="radio"/> Yes

E HF4_Q156==1	02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q1.57d: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">KEEP THE CHILD WARM</a>	SINGLE-SELECT HF4_Q157d 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q156==1	
Q1.57e: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">AVOID GIVING MEDICATIONS OTHER THAN THOSE PRESCRIBED TODAY</a>	SINGLE-SELECT HF4_Q157e 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q156==1	
Q1.57f: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">OTHER (SPECIFY)</a>	SINGLE-SELECT HF4_Q157f 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q156==1	
Q1.57f_oth: SPECIFY OTHER RECOMMENDATION BY HEALTH CARE PROVIDER	TEXT HF4_Q157f_oth .....
E HF4_Q157f==1	
Q1.58: DOES THE HEALTH CARE PROVIDER GIVE MOTHER/CAREGIVER A PRESCRIPTION OR MEDICINE TODAY?	SINGLE-SELECT HF4_Q158 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.59a: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">TELL MOTHER/CAREGIVER THE NAME OF THE MEDICINE?</a>	SINGLE-SELECT HF4_Q159a 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q158==1	
Q1.59b: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">EXPLAIN ABOUT HOW TO TAKE THE MEDICINE?</a>	SINGLE-SELECT HF4_Q159b 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q158==1	
Q1.59c: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">SAY WHAT ADVERSE REACTIONS MIGHT BE EXPECTED, AND WHAT TO DO ABOUT THEM?</a>	SINGLE-SELECT HF4_Q159c 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q158==1	
Q1.60: INDICATE TO THE MOTHER/CAREGIVER THE SIGNS OR SYMPTOMS THAT SHOULD PROMPT RETURN TO THE CLINIC?	SINGLE-SELECT HF4_Q160 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.61a: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">FEVER DOES NOT GO AWAY AFTER CERTAIN TIME?</a>	SINGLE-SELECT HF4_Q161a 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q160==1	
Q1.61b: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">FEVER DEVELOPS</a>	SINGLE-SELECT HF4_Q161b 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q160==1	
Q1.61c: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">CHILD IS</a>	SINGLE-SELECT HF4_Q161c 01 <input type="radio"/> Yes

<p><a href="#">UNABLE TO DRINK OR IS DRINKING POORLY</a></p> <p>E HF4_Q160==1</p>	<p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q1.61d: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">CHANGE IN CONSCIOUSNESS</a></p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q161d</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q1.61e: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">DIARRHEA PERSISTS</a></p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q161e</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q1.61f: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">BLOOD APPEARS IN THE STOOL</a></p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q161f</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q1.61g: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">CHILD DEVELOPS RAPID OR DIFFICULT BREATHING</a></p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q161g</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q1.61h: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">CHILD BECOMES MORE SICK FOR ANY REASON</a></p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q161h</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q1.61i: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">NEW SYMPTOMS DEVELOP</a></p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q161i</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q1.61j: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">OTHER (SPECIFY)</a></p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q161j</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q1.61j_oth: SPECIFY OTHER RECOMMENDATION BY HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO</p> <p>E HF4_Q161j==1</p>	<p>TEXT <span style="float: right;">HF4_Q161j_oth</span></p> <p>.....</p>
<p>Q1.62a: DOES THE HEALTH CARE PROVIDER: <a href="#">TELL MOTHER/CAREGIVER WHEN THE CHILD IS TO RETURN FOR A SCHEDULED CHECK-UP (RETURN VISIT)?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q162a</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.62b: DOES THE HEALTH CARE PROVIDER: <a href="#">TELL MOTHER/CAREGIVER TO GO TO ANOTHER FACILITY (INCLUDING REFERRAL)?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q162b</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.62c: DOES THE HEALTH CARE PROVIDER: <a href="#">EXPLAIN THE REASON FOR REFERRAL?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q162c</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
	<p>SINGLE-SELECT <span style="float: right;">HF4_Q162d</span></p>



Q1.62d: DOES THE HEALTH CARE PROVIDER: <a href="#">ASK IF MOTHER/CAREGIVER HAS ANY QUESTIONS?</a>	01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q1.62e: DOES THE HEALTH CARE PROVIDER: <a href="#">CHECK THE CHILD'S IMMUNIZATION CARD?</a>	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q162e
Q1.62f: DOES THE HEALTH CARE PROVIDER: <a href="#">SEND THE CHILD FOR IMMUNIZATION(S), IF HE/ SHE NEEDS IMMUNIZATION(S)?</a>	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable	HF4 Q162f
Q1.62g: DOES THE HEALTH CARE PROVIDER: <a href="#">TELL MOTHER/CAREGIVER TO TAKE CHILD FOR LABORATORY TEST?</a>	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable	HF4 Q162g
Q1.63a: DOES THE HEALTH CARE PROVIDER: <a href="#">COMPLETE AN INDIVIDUAL PATIENT RECORD, CARD OR PASSPORT</a>	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q163a
Q1.63b: DOES THE HEALTH CARE PROVIDER: <a href="#">MARK A PATIENT TALLY SHEET</a>	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q163b
Q1.63c: DOES THE HEALTH CARE PROVIDER: <a href="#">MAKE A RECORD IN THE REGISTER BOOK</a>	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q163c
Q1.64 : TIME WHEN THE CONSULTATION ENDED  V1 self > HF4_Q104 M1 The time that the consultation ended should be after the start time. Ple ase record the time again.	DATE: CURRENT TIME  .....	HF4 Q164
Q1.65: WHERE DID THE PATIENT AND CAREGIVER GO AFTER COMPLETING THIS CONSULTATION	SINGLE-SELECT 01 <input type="radio"/> Waiting area/room 02 <input type="radio"/> Another consultation/counseling 03 <input type="radio"/> Pharmacy 04 <input type="radio"/> Laboratory 05 <input type="radio"/> Diagnostic test area 06 <input type="radio"/> Admission to inpatient care 07 <input type="radio"/> Other areas 08 <input type="radio"/> Exit the facility	HF4 Q165

STATIC TEXT

E HF4\_Q165==2

**INTERVIEWER: PROCEED TO UNDER 5 SECOND CONSULTATION.**

STATIC TEXT

E HF4\_Q165==4

**INTERVIEWER: PROCEED TO LAB TEST SECTION (HF4-3).**

STATIC TEXT

E HF4\_Q165==3

**INTERVIEWER: PROCEED TO PHARMACY SECTION (HF4-4).**

STATIC TEXT

E HF4\_Q165==5

**INTERVIEWER:** PROCEED TO DIAGNOSTICS TEST SECTION (HF4-5).

STATIC TEXT

E HF4\_Q165==8

**INTERVIEWER:** ASK CAREGIVER TO PROCEED TO EXIT INTERVIEW (HF6).

STATIC TEXT

E HF4\_Q165==6

**INTERVIEWER:** END THE INTERVIEW

HF4: CHILD UNDER 5 CARE / UNDER 5 PATIENT

HF4-2: CHILD UNDER 5 CONSULTATION (#2)

E CountValue(2, HF4\_Q165, HF4\_Q321, HF4\_Q424, HF4\_Q528) > 0

Q2.03 : TIME OF ENTRY IN THE CONSULTATION ROOM

DATE: CURRENT TIME

HF4\_Q203

Q2.04 : TIME WHEN SERVICE PROVISION STARTED

DATE: CURRENT TIME

HF4\_Q204

V1 self >= HF4\_Q203

M1 The time that the service started should be after the time of entry. Please record the time again.

STATIC TEXT

**INTERVIEWER:** BASED ON YOUR DIRECT OBSERVATIONS, RECORD WHETHER THE PROVIDER DID THE FOLLOWING:

Q2.10 : DID THE HEALTH CARE PROVIDER GREET PATIENT AND/OR caregiver?

SINGLE-SELECT

HF4\_Q210

01 ☐ Yes

02 ☐ No

Q2.11 : DID THE HEALTH CARE PROVIDER WASH HANDS WITH SOAP AND WATER BEFORE EXAMINING THE PATIENT?

SINGLE-SELECT

HF4\_Q211

01 ☐ Yes

02 ☐ No

Q2.12: DID THE HEALTH CARE PROVIDER ASK AGE OF PATIENT?

SINGLE-SELECT

HF4\_Q212

01 ☐ Yes

02 ☐ No

Q2.13 : DID THE HEALTH CARE PROVIDER ASK ABOUT NATURE OF COMPLAINT?

SINGLE-SELECT

HF4\_Q213

01 ☐ Yes

02 ☐ No

Q2.16 : DID THE HEALTH CARE PROVIDER ASK ABOUT THE DURATION OF THE PRIMARY COMPLAINT?

SINGLE-SELECT

HF4\_Q216

01 ☐ Yes

02 ☐ No

Q2.20 : DID THE HEALTH CARE PROVIDER ASK WHETHER CHILD IS ABLE TO DRINK OR BREASTFEED?

SINGLE-SELECT

HF4\_Q220

01 ☐ Yes

02 ☐ No

Q2.21 : DID THE HEALTH CARE PROVIDER ASK WHETHER CHILD VOMITS AFTER FEEDING OR DRINKING?

SINGLE-SELECT

HF4\_Q221

01 ☐ Yes

02 ☐ No

Q2.22 : DID THE HEALTH CARE PROVIDER ASK

SINGLE-SELECT

HF4\_Q222

WHETHER CHILD HAS LETHARGY OR A CHANGE IN LEVEL OF CONSCIOUSNESS?	01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q2.23: DID THE HEALTH CARE PROVIDER ASK ABOUT CONVULSIONS?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q223
Q2.24: DID THE HEALTH CARE PROVIDER ASK ABOUT DIARRHEA?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q224
Q2.25 : DOES THE PATIENT HAVE DIARRHEA?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> DON'T KNOW	HF4_Q225
Q2.26 : HEALTH CARE PROVIDER ASKED THE DURATION OF DIARRHEA EPISODE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q226
E HF4_Q225==1		
Q2.27: HEALTH CARE PROVIDER ASKED IF CAREGIVER HAS NOTICED BLOOD IN STOOL?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q227
E HF4_Q225==1		
Q2.28 : HEALTH CARE PROVIDER CHECKED DEHYDRATION BY SKIN PINCH	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q228
E HF4_Q225==1		
Q2.29 : WHAT IS THE DIAGNOSIS MENTIONED BY THE HEALTH CARE PROVIDER FOR CHILD'S DIARRHEA?	SINGLE-SELECT 01 <input type="radio"/> No diagnosis mentioned 02 <input type="radio"/> severe dehydration 03 <input type="radio"/> some dehydration 04 <input type="radio"/> no dehydration 05 <input type="radio"/> Severe persistent diarrhoea 06 <input type="radio"/> persistent diarrhoea 07 <input type="radio"/> Dysentery 08 <input type="radio"/> Other(specify)	HF4_Q229
E HF4_Q225==1		
Q2.29_oth : SPECIFY OTHER DIAGNOSIS RESULT	TEXT .....	HF4_Q229_oth
E HF4_Q229==8		
Q2.30: DID THE HEALTH CARE PROVIDER ASK ABOUT COUGH OR DIFFICULTY BREATHING?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q230
Q2.31 : DOES THE PATIENT HAVE COUGH OR DIFFICULTY BREATHING?	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Don't know	HF4_Q231
Q2.32: HEALTH CARE PROVIDER ASKED HOW LONG THE CHILD HAS COUGH	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q232
E HF4_Q231==1		
Q2.33: HEALTH CARE PROVIDER ASKED ABOUT STRIDOR OR WHEEZING	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q233
E HF4_Q231==1		

<p>Q2.34: HEALTH CARE PROVIDER CHECKED BREATHING RATE</p> <p>E HF4_Q231==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q234</p>
<p>Q2.35: HEALTH CARE PROVIDER LIFTED/REMOVED SHIRT/CLOTHING FOR PHYSICAL CHECKUP</p> <p>E HF4_Q231==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q235</p>
<p>Q2.36 : HEALTH CARE PROVIDER LISTENED WITH STETHOSCOPE</p> <p>E HF4_Q231==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q236</p>
<p>Q2.37: WHAT IS THE DIAGNOSIS MENTIONED BY THE HEALTH CARE PROVIDER FOR CHILD'S COUGH/DIFFICULTY IN BREATHING?</p> <p>E HF4_Q231==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> No diagnosis mentioned</p> <p>02 <input type="radio"/> Severe Pneumonia/very severe disease</p> <p>03 <input type="radio"/> Pneumonia</p> <p>04 <input type="radio"/> No Pneumonia</p> <p>08 <input type="radio"/> Other specify</p> <p>HF4_Q237</p>
<p>Q2.37_oth : SPECIFY OTHER DIAGNOSIS RESULT</p> <p>E HF4_Q237==8</p>	<p>TEXT</p> <p>HF4_Q237_oth</p> <p>.....</p>
<p>Q2.38: DOES HEALTH CARE PROVIDER ASK ABOUT FEVER IN THE PAST 24 HOURS?</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q238</p>
<p>Q2.39: DID THE PATIENT HAVE FEVER IN THE PAST 24 HOURS?</p> <p>E HF4_Q238==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> DON'T KNOW</p> <p>HF4_Q239</p>
<p>Q2.40: HEALTH CARE PROVIDER CHECKED TEMPERATURE IN THIS VISIT</p> <p>E HF4_Q239==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q240</p>
<p>Q2.41: HEALTH CARE PROVIDER ASKED HOW LONG THE PATIENT HAD FEVER</p> <p>E HF4_Q239==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q241</p>
<p>Q2.42: HEALTH CARE PROVIDER ASKED IF PATIENT HAD MEASLES PREVIOUSLY</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q242</p>
<p>Q2.43: HEALTH CARE PROVIDER CHECKED FONTANELLE (FOR PATIENTS LESS THAN 18 MONTHS)</p> <p>E // for patients less than 18 months of age HF4_Q102A&lt;=18</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q243</p>
<p>Q2.44: HEALTH CARE PROVIDER EXAMINED PATIENT EYES</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q244</p>
<p>Q2.45: HEALTH CARE PROVIDER LOOKED FOR RUNNY NOSE</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>HF4_Q245</p>
<p>Q2.46: HEALTH CARE PROVIDER LOOKED FOR</p>	<p>SINGLE-SELECT</p> <p>HF4_Q246</p>

SKIN RASH	01 <input type="radio"/> Yes 02 <input type="radio"/> No	
Q2.47: DIAGNOSIS MENTIONED BY HEALTH CARE PROVIDER FOR CHILD'S FEVER	SINGLE-SELECT 01 <input type="radio"/> No diagnosis mentioned 02 <input type="radio"/> Very severe febrile disease 03 <input type="radio"/> Malaria 04 <input type="radio"/> Fever, Malaria unlikely 05 <input type="radio"/> Fever, no malaria 06 <input type="radio"/> Severe complicated measles 07 <input type="radio"/> Measles with eye / mouth complication 08 <input type="radio"/> Measles 09 <input type="radio"/> Other	HF4 Q247
Q2.47_oth : SPECIFY OTHER DIAGNOSIS RESULT FOR CHILD FEVER	TEXT .....	HF4 Q247 oth
E HF4_Q247==9		
Q2.48: HEALTH CARE PROVIDER CHECKED AND LOOKED INSIDE THE EARS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q248
Q2.49: HEALTH CARE PROVIDER LOOKED BEHIND EARS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q249
Q2.50: HEALTH CARE PROVIDER ASKED IF CHILD HAS EAR PAIN OR DISCHARGE FROM EAR	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q250
Q2.51: HEALTH CARE PROVIDER CHECKED THE PALMS OF CHILD'S HANDS, OR COMPARE THESE AGAINST MOTHER'S (ANEMIA)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q251
Q2.52: HEALTH CARE PROVIDER LOOKED AT BOTH FEET OR BOTH ANKLES FOR OEDEMA	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q252
Q2.53: DOOR WAS CLOSED OR SCREEN WAS DRAWN TO ENSURE PATIENT'S PRIVACY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q253
Q2.54: HEALTH CARE PROVIDER TELLS MOTHER/CAREGIVER THE NAME OF THE DISEASE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q254
Q2.55: HEALTH CARE PROVIDER EXPLAINS THE DISEASE, ITS CAUSES AND/OR COURSE(THE NATURAL PROGRESSION OF THE DISEASE)	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q255
Q2.56: HEALTH CARE PROVIDER EXPLAINS WHAT THE MOTHER/CAREGIVER SHOULD DO AT HOME FOR THE CHILDHEALTHCARE PROVIDER EXPLAINS WHAT THE MOTHER/CAREGIVER SHOULD DO AT HOME FOR THE CHILD	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q256
Q2.57a: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">GIVE MORE FLUIDS</a>	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4 Q257a

E HF4_Q256==1	03 <input type="radio"/> Not Applicable
Q2.57b: DOES THE HEALTH CARE PROVIDER RECOMMEND <a href="#">CONTINUE OR INCREASE FEEDINGS AND/OR BREAST FEEDING</a>	SINGLE-SELECT <span style="float: right;">HF4_Q257b</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q256==1	SINGLE-SELECT <span style="float: right;">HF4_Q257c</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q2.57c: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">GIVE TEPID BATHS FOR FEVER</a>	SINGLE-SELECT <span style="float: right;">HF4_Q257d</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q256==1	SINGLE-SELECT <span style="float: right;">HF4_Q257e</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q2.57d: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">KEEP THE CHILD WARM</a>	SINGLE-SELECT <span style="float: right;">HF4_Q257f</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q256==1	SINGLE-SELECT <span style="float: right;">HF4_Q257f</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q2.57e: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">AVOID GIVING MEDICATIONS OTHER THAN THOSE PRESCRIBED TODAY</a>	SINGLE-SELECT <span style="float: right;">HF4_Q257f oth</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q256==1	SINGLE-SELECT <span style="float: right;">HF4_Q258</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.57f: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">OTHER (SPECIFY)</a>	TEXT <span style="float: right;">HF4_Q257f oth</span> .....
E HF4_Q257f==1	SINGLE-SELECT <span style="float: right;">HF4_Q259a</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.57f_oth: SPECIFY OTHER RECOMMENDATION BY HEALTH CARE PROVIDER	SINGLE-SELECT <span style="float: right;">HF4_Q259b</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q258==1	SINGLE-SELECT <span style="float: right;">HF4_Q259c</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.58: DOES THE HEALTH CARE PROVIDER GIVE MOTHER/CAREGIVER A PRESCRIPTION OR MEDICINE TODAY?	SINGLE-SELECT <span style="float: right;">HF4_Q260</span> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.59a: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">TELL MOTHER/CAREGIVER THE NAME OF THE MEDICINE?</a>	SINGLE-SELECT <span style="float: right;">HF4_Q261a</span> 01 <input type="radio"/> Yes
E HF4_Q258==1	SINGLE-SELECT <span style="float: right;">HF4_Q261a</span> 01 <input type="radio"/> Yes
Q2.59b: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">EXPLAIN ABOUT HOW TO TAKE THE MEDICINE?</a>	
Q2.59c: DOES THE HEALTH CARE PROVIDER RECOMMEND: <a href="#">SAY WHAT ADVERSE REACTIONS MIGHT BE EXPECTED, AND WHAT TO DO ABOUT THEM?</a>	
E HF4_Q258==1	
Q2.60: INDICATE TO THE MOTHER/CAREGIVER THE SIGNS OR SYMPTOMS THAT SHOULD PROMPT RETURN TO THE CLINIC?	
Q2.61a: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">FEVER</a>	

<p><a href="#">DOES NOT GO AWAY AFTER CERTAIN TIME?</a></p> <p>E HF4_Q260==1</p>	<p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61b: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">FEVER DEVELOPS</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261b</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61c: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">CHILD IS UNABLE TO DRINK OR IS DRINKING POORLY</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261c</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61d: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">CHANGE IN CONSCIOUSNESS</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261d</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61e: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">DIARRHEA PERSISTS</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261e</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61f: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">BLOOD APPEARS IN THE STOOL</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261f</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61g: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">CHILD DEVELOPS RAPID OR DIFFICULT BREATHING</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261g</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61h: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">CHILD BECOMES MORE SICK FOR ANY REASON</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261h</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61i: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">NEW SYMPTOMS DEVELOP</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261i</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61j: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: <a href="#">OTHER (SPECIFY)</a></p> <p>E HF4_Q260==1</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q261j</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.61j_oth: SPECIFY OTHER RECOMMENDATION BY HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO</p> <p>E HF4_Q261j==1</p>	<p>TEXT <span style="float: right;">HF4_Q261j_oth</span></p> <p>.....</p>
<p>Q2.62a: DOES THE HEALTH CARE PROVIDER: <a href="#">TELL MOTHER/CAREGIVER WHEN THE CHILD IS TO RETURN FOR A SCHEDULED CHECK-UP (RETURN VISIT)?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q262a</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>

<p>Q2.62b: DOES THE HEALTH CARE PROVIDER:  <a href="#">TELL MOTHER/CAREGIVER TO GO TO ANOTHER FACILITY (INCLUDING REFERRAL)?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q262b</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.62c: DOES THE HEALTH CARE PROVIDER:  <a href="#">EXPLAIN THE REASON FOR REFERRAL?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q262c</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.62d: DOES THE HEALTH CARE PROVIDER:  <a href="#">ASK IF MOTHER/CAREGIVER HAS ANY QUESTIONS?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q262d</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.62e: DOES THE HEALTH CARE PROVIDER:  <a href="#">CHECK THE CHILD'S IMMUNIZATION CARD?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q262e</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.62f: DOES THE HEALTH CARE PROVIDER:  <a href="#">SEND THE CHILD FOR IMMUNIZATION(S), IF HE/SHE NEEDS IMMUNIZATION(S)?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q262f</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.62g: DOES THE HEALTH CARE PROVIDER:  <a href="#">TELL MOTHER/CAREGIVER TO TAKE CHILD FOR LABORATORY TEST?</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q262g</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>03 <input type="radio"/> Not Applicable</p>
<p>Q2.63a: DOES THE HEALTH CARE PROVIDER:  <a href="#">COMPLETE AN INDIVIDUAL PATIENT RECORD, CARD OR PASSPORT</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q263a</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.63b: DOES THE HEALTH CARE PROVIDER:  <a href="#">MARK A PATIENT TALLY SHEET</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q263b</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.63c: DOES THE HEALTH CARE PROVIDER:  <a href="#">MAKE A RECORD IN THE REGISTER BOOK</a></p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q263c</span></p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.64 : TIME WHEN THE CONSULTATION ENDED</p>	<p>DATE: CURRENT TIME <span style="float: right;">HF4_Q264</span></p> <p>.....</p>
<p>V1 self &gt; HF4_Q204</p> <p>M1 The time that the consultation ended should be after the start time. Please record the time again.</p>	
<p>Q2.65: WHERE DID THE PATIENT AND CAREGIVER GO AFTER COMPLETING THIS CONSULTATION</p>	<p>SINGLE-SELECT <span style="float: right;">HF4_Q265</span></p> <p>01 <input type="radio"/> Waiting area/room</p> <p>02 <input type="radio"/> Another consultation/counseling</p> <p>03 <input type="radio"/> Pharmacy</p> <p>04 <input type="radio"/> Laboratory</p> <p>05 <input type="radio"/> Diagnostic test area</p> <p>06 <input type="radio"/> Admission to inpatient care</p> <p>07 <input type="radio"/> Other areas</p> <p>08 <input type="radio"/> Exit the facility</p>
<p>STATIC TEXT</p>	
<p>E HF4_Q265=4</p> <p><b><i>INTERVIEWER: PROCEED TO LAB TEST SECTION (HF4-3).</i></b></p>	



STATIC TEXT

E HF4\_Q265==3

**INTERVIEWER: PROCEED TO PHARMACY SECTION (HF4-4).**

STATIC TEXT

E HF4\_Q265==5

**INTERVIEWER: PROCEED TO DIAGNOSTICS TEST SECTION (HF4-5).**

STATIC TEXT

E HF4\_Q265==8

**INTERVIEWER: ASK CAREGIVER TO PROCEED TO EXIT INTERVIEW (HF6).**

STATIC TEXT

E HF4\_Q265==6

**INTERVIEWER: END THE INTERVIEW**

HF4: CHILD UNDER 5 CARE / UNDER 5 PATIENT

HF4-3: LAB SERVICE

E CountValue(4, HF4\_Q165, HF4\_Q265, HF4\_Q424, HF4\_Q528) > 0

Q3.03 : LAB WORK DONE TODAY?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_Q303
Q3.04 : TIME WHEN THE PATIENT ARRIVED AT LABORATORY AREA FOR SERVICE	DATE: CURRENT TIME .....	HF4_Q304
E HF4_Q303==1		
Q3.05 : TIME WHEN A PROVIDER STARTED TO PROVIDE SERVICES IN THE LAB	DATE: CURRENT TIME .....	HF4_Q305
E HF4_Q303==1		
Q3.10 : DID THE HEALTH CARE PROVIDER LET CAREGIVER KNOW WHAT WILL BE DONE IN THE LAB FOR PATIENT?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_310
E HF4_Q303==1		
Q3.11 : DID THE HEALTH CARE PROVIDER ASK THE AGE OF PATIENT?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_311
E HF4_Q303==1		
Q3.12 : DID HEALTH CARE PROVIDER COLLECT BLOOD FOR TESTING?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_312
E HF4_Q303==1		
Q3.13 : DID HEALTH CARE PROVIDER COLLECT URINE FOR TESTING	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_313
E HF4_Q303==1		
Q3.14 : DID THE HEALTH CARE PROVIDER PREPARE LABELS WITH PATIENT NAME AND ATTACH THAT TO SPECIMEN COLLECTED	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_314
E HF4_Q303==1		
Q3.15: DID THE HEALTH CARE PROVIDER TELL THE PATIENT WHEN THE TEST RESULTS WILL BE	SINGLE-SELECT 01 <input type="radio"/> YES	HF4_315

AVAILABLE?	02 <input type="radio"/> NO
E HF4_Q303==1	
Q3.16: DID THE HEALTH CARE PROVIDER EXPLAIN THE PURPOSE OF THE LAB TESTS?	SINGLE-SELECT HF4_316 01 <input type="radio"/> YES 02 <input type="radio"/> NO
E HF4_Q303==1	
Q3.17 : IF SYRINGE WAS USED, DID THE HEALTH CARE PROVIDER USE A NEW/FRESH SYRINGE?	SINGLE-SELECT HF4_317 01 <input type="radio"/> YES 02 <input type="radio"/> NO
E HF4_Q303==1	
Q3.18 : WAS COTTON AND OTHER SUPPLIES USED BY HEALTH CARE PROVIDER CLEAN/STERILIZED?	SINGLE-SELECT HF4_318 01 <input type="radio"/> YES 02 <input type="radio"/> NO
E HF4_Q303==1	
Q3.19 : DID THE HEALTH CARE PROVIDER USE STERILIZED HAND GLOVES?	SINGLE-SELECT HF4_319 01 <input type="radio"/> YES 02 <input type="radio"/> NO
E HF4_Q303==1	
Q3.20 : TIME PATIENT EXITED THE LAB	DATE: CURRENT TIME HF4_Q320 .....
E HF4_Q303==1 V1 self > HF4_Q305 M1 The time the patient exited the lab should be after the time when service started. Please record the time again.	
Q3.21: WHERE DID THE PATIENT GO NEXT AFTER LAB SERVICES?	SINGLE-SELECT HF4_Q321 01 <input type="radio"/> Waiting area/room 02 <input type="radio"/> Another consultation/counseling 03 <input type="radio"/> Pharmacy 04 <input type="radio"/> Laboratory 05 <input type="radio"/> Diagnostic test area 06 <input type="radio"/> Admission to inpatient care 07 <input type="radio"/> Other areas 08 <input type="radio"/> Exit the facility
F // Do not show service for current section @optioncode!=5 E HF4_Q303==1	
STATIC TEXT	
E HF4_Q321==2	
<b>INTERVIEWER: PROCEED TO UNDER 5 SECOND CONSULTATION.</b>	
STATIC TEXT	
E HF4_Q321==3 && !IsAnswered(HF4_Q403)	
<b>INTERVIEWER: PROCEED TO PHARMACY SECTION (HF4-4).</b>	
STATIC TEXT	
E HF4_Q321==5 && !IsAnswered(HF4_Q503)	
<b>INTERVIEWER: PROCEED TO DIAGNOSTICS TEST SECTION (HF4-5).</b>	
STATIC TEXT	
E HF4_Q321==8	
<b>INTERVIEWER: ASK CAREGIVER TO PROCEED TO EXIT INTERVIEW (HF6).</b>	
STATIC TEXT	
E HF4_Q321==6	
<b>INTERVIEWER: END THE INTERVIEW</b>	

## HF4-4: PHARMACY SERVICE

E CountValue (3, HF4\_Q165, HF4\_Q265, HF4\_Q321, HF4\_Q528) &gt; 0

Q4.03 : WERE DRUGS OBTAINED BY THE PATIENT FROM THE PHARMACY?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_Q403
Q4.04 : TIME WHEN THE PATIENT ARRIVED AT PHARMACY OR STORE AREA FOR SERVICE	DATE: CURRENT TIME .....	HF4_Q404
E HF4_Q403==1		
Q4.09: IS THERE A QUEUE TO GET DRUGS?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4 409
E HF4_Q403==1		
Q4.10 : AT WHAT TIME THE PHARMACY STORE PERSON STARTED PROVIDING SERVICE TO PATIENT?	TEXT .....	HF4_Q410
I 7 am is 07:00, 8.30 am is 08:30 and 7 pm is 19:00		
E HF4_Q403==1		
V1 \$validtime		
M1 The time recorded is not valid. Please correct.		
Q4.11: DID THE HEALTH CARE PROVIDER ASK FOR THE PRESCRIPTION FROM THE PATIENT?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4 411
E HF4_Q403==1		
Q4.12: DID HEALTH CARE PROVIDER LET THE PATIENT KNOW IF THE FACILITY HAS ALL THE DRUGS PRESCRIBED?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4 412
E HF4_Q403==1		
Q4.13: DID HEALTH CARE PROVIDER LET THE PATIENT KNOW PRICE OF EACH OF THE DRUGS?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4 413
E HF4_Q403==1		
Q4.14: WAS THE HEALTH CARE PROVIDER RESPECTFUL TOWARDS THE PATIENT/CAREGIVER?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4 414
E HF4_Q403==1		
Q4.15: DID THE HEALTH CARE PROVIDER RESPOND TO ALL THE QUESTIONS THE PATIENT/CAREGIVER HAD?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4 415
E HF4_Q403==1		
Q4.16: DID THE HEALTHCARE WORKER EXPLAIN THE NUMBER OF TIMES THE DRUGS SHOULD BE TAKEN IN A DAY?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4 416
E HF4_Q403==1		
Q4.17: DID THE HEALTHCARE WORKER MENTIONED HOW LONG EACH OF THE MEDICINES SHOULD BE TAKEN?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4 417
E HF4_Q403==1		
Q4.18: DID THE HEALTH CARE PROVIDER	SINGLE-SELECT	HF4 418

DISCUSS POTENTIAL SIDE EFFECTS OF THE DRUGS?	01 <input type="radio"/> YES 02 <input type="radio"/> NO
E HF4_Q403==1	
Q4.19: HOW MANY TYPE OF DRUGS WERE PRESCRIBED TO THE PATIENT TODAY?	NUMERIC: INTEGER HF4_419 -----
E HF4_Q403==1	
Q4.20: HOW MANY TYPE OF DRUGS DID THE PATIENT BUY OR GET TODAY?	NUMERIC: INTEGER HF4_420 -----
E HF4_Q403==1 V1 self<=HF4_419 M1 Number of drugs bought cannot be greater than number prescribe	
Q4.21: DID THE PROVIDER PRESCRIBE ANY ANTIBIOTICS TO THE PATIENT TODAY?	SINGLE-SELECT HF4_421 01 <input type="radio"/> YES 02 <input type="radio"/> NO
E HF4_Q403==1	
Q4.22: HOW MANY ANTIBIOTICS WERE PRESCRIBED?	NUMERIC: INTEGER HF4_422 -----
E HF4_Q403==1 && HF4_421==1	
Q4.23: TIME WHEN THE PATIENT RECEIVED THE DRUGS AND EXITED THE PHARMACY AREA	DATE: CURRENT TIME HF4_Q423 .....
E HF4_Q403==1 V1 self > HF4_Q404 M1 The time the patient exited the area should be after the time they arrived. Please record the time again.	
Q4.24: WHERE DID THE PATIENT GO NEXT AFTER PHARMACY SERVICES?	SINGLE-SELECT HF4_Q424 01 <input type="radio"/> Waiting area/room 02 <input type="radio"/> Another consultation/counseling 03 <input type="radio"/> Pharmacy 04 <input type="radio"/> Laboratory 05 <input type="radio"/> Diagnostic test area 06 <input type="radio"/> Admission to inpatient care 07 <input type="radio"/> Other areas 08 <input type="radio"/> Exit the facility
F // Do not show the service of the current section @optioncode!=3	

STATIC TEXT

E HF4\_Q424==2

**INTERVIEWER: PROCEED TO UNDER 5 SECOND CONSULTATION.**

STATIC TEXT

E HF4\_Q424==4 && !IsAnswered (HF4\_Q303)

**INTERVIEWER: PROCEED TO LAB TEST SECTION (HF4-3).**

STATIC TEXT

E HF4\_Q424==5 && !IsAnswered (HF4\_Q503)

**INTERVIEWER: PROCEED TO DIAGNOSTICS TEST SECTION (HF4-5).**

STATIC TEXT

E HF4\_Q424==8

**INTERVIEWER: ASK CAREGIVER TO PROCEED TO EXIT INTERVIEW (HF6)**

STATIC TEXT

E HF4\_Q424==6

## INTERVIEWER: END THE INTERVIEW

HF4: CHILD UNDER 5 CARE / UNDER 5 PATIENT

### HF4-5: DIAGNOSTIC TESTS

E CountValue(5, HF4\_Q165, HF4\_Q321, HF4\_Q424, HF4\_Q528) > 0

Q5.03 : DIAGNOSTIC TESTS DONE TODAY?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_Q503
Q5.04 : TIME WHEN THE PATIENT ARRIVED AT DIAGNOSTIC TEST AREA FOR SERVICE	DATE: CURRENT TIME .....	HF4_Q504
E HF4_Q503==1		
Q5.09: AT WHAT TIME HEALTH CARE PROVIDER STARTED PROVIDING SERVICE TO PATIENT?	DATE: CURRENT TIME .....	HF4_Q509
E HF4_Q503==1		
Q5.10 : DID THE HEALTH CARE PROVIDER ASK FOR THE DIAGNOSTIC TEST ORDER AND/OR RECEIVED IT FROM PATIENT?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_Q510
E HF4_Q503==1		
Q5.11 : LIST THE TESTS ORDERED BY HEALTH CARE PROVIDER	MULTI-SELECT: YES/NO 01 <input type="checkbox"/> / <input type="checkbox"/> CHEST X-RAY 02 <input type="checkbox"/> / <input type="checkbox"/> OTHER X-RAY 03 <input type="checkbox"/> / <input type="checkbox"/> ECG 04 <input type="checkbox"/> / <input type="checkbox"/> ULTRASOUND 05 <input type="checkbox"/> / <input type="checkbox"/> OTHER TESTS(SPECIFY)	HF4_Q511
E HF4_Q503==1		
Q5.11_SPC: SPECIFY OTHER TESTS ORDERED	TEXT .....	HF4_Q511_SPC
E HF4_Q503==1 && HF4_Q511.Yes.Contains(5)		
Q5.12: WERE ALL THE TESTS ORDERED BY HEALTH CARE PROVIDER DONE FOR THE PATIENT?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_Q512
E HF4_Q503==1		
Q5.13: THE REASON FOR NOT DOING ALL THE TESTS	MULTI-SELECT: YES/NO 01 <input type="checkbox"/> / <input type="checkbox"/> NO ELECTRICITY 02 <input type="checkbox"/> / <input type="checkbox"/> NO MACHINE 03 <input type="checkbox"/> / <input type="checkbox"/> MACHINE NOT WORKING 04 <input type="checkbox"/> / <input type="checkbox"/> SUPPLIES NEEDED FOR TEST NOT AVAILABLE 05 <input type="checkbox"/> / <input type="checkbox"/> PATIENT DID NOT WANT 06 <input type="checkbox"/> / <input type="checkbox"/> OTHER REASONS(SPECIFY)	HF4_Q513
E HF4_Q503==1 && HF4_Q512==2		
Q5.13SPC: SPECIFY THE REASON FOR NOT DOING ALL THE TESTS	TEXT .....	HF4_Q513_SPC
E HF4_Q513.Yes.Contains(6)		
Q5.14 : DID THE HEALTH CARE PROVIDER ENSURE THAT THE TEST RESULT CAN BE MATCHED WITH PATIENT NAME?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_Q514
E HF4_Q503==1		

<p>Q5.15: DID THE HEALTH CARE PROVIDER ADOPT SAFETY MEASURES FOR THE SAFETY OF BOTH THE WORKER AND THE PATIENT?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q515
<p>Q5.16 : DID THE HEALTH CARE PROVIDER BEHAVE WELL WITH THE PATIENT AND/OR PATIENT caregiver?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q516
<p>Q5.17: DID THE HEALTH CARE PROVIDER ASK THE PATIENT OR CAREGIVER IF THEY HAVE ANY QUESTIONS?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q517
<p>Q5.18: DID THE HEALTH CARE PROVIDER RESPOND TO THE QUESTIONS?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q518
<p>Q5.19: DID THE HEALTH CARE PROVIDER TELL THE PATIENT OR CAREGIVER WHAT TESTS WILL BE DONE?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q519
<p>Q5.20 : DID THE HEALTH CARE PROVIDER EXPLAIN THE STEPS TO BE FOLLOWED FOR THE TEST?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q520
<p>Q5.21: DID THE HEALTH CARE PROVIDER INFORMED THE PATIENT OR caregiver WHEN THE RESULTS WILL BE AVAILABLE?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q521
<p>Q5.22 : DID HEALTH CARE PROVIDER USE PROTECTIVE JACKET FOR X-RAYS?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q522
<p>Q5.23: DID HEALTH CARE PROVIDER USE CLEAN SUPPLIES FOR DOING THE TESTS?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q523
<p>Q5.24 : WAS THE PRINTOUT OF ECG CLEAR?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p> <p>03 <input type="radio"/> NOT APPLICABLE</p>	HF4_Q524
<p>Q5.25 : WAS THE PRINTOUT OF ULTRASOUND CLEAR?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p> <p>03 <input type="radio"/> NOT APPLICABLE</p>	HF4_Q525
<p>Q5.26 : DID THE HEALTH CARE PROVIDER TELL THE PATIENT OR CAREGIVER THE COST OF EACH OF THE TESTS?</p> <p>E HF4_Q503==1</p>	<p>SINGLE-SELECT</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>	HF4_Q526
<p>Q5.27: TIME WHEN THE PATIENT COMPLETED</p>	<p>DATE: CURRENT TIME</p>	HF4_Q527

THE TESTS AND EXITED THE AREA	
E HF4_Q503==1	
Q5.28: WHERE DID THE PATIENT GO NEXT AFTER DIAGNOSTIC TESTS?	SINGLE-SELECT HF4_Q528
F // Do not show service in current section @optioncode!=5	
E HF4_Q503==1	01 <input type="radio"/> Waiting area/room 02 <input type="radio"/> Another consultation/counseling 03 <input type="radio"/> Pharmacy 04 <input type="radio"/> Laboratory 05 <input type="radio"/> Diagnostic test area 06 <input type="radio"/> Admission to inpatient care 07 <input type="radio"/> Other areas 08 <input type="radio"/> Exit the facility

STATIC TEXT	
E HF4_Q528==2	
<i>INTERVIEWER: PROCEED TO UNDER 5 SECOND CONSULTATION.</i>	
STATIC TEXT	
E HF4_Q528==4 && !IsAnswered(HF4_Q403)	
<i>INTERVIEWER: PROCEED TO LAB TEST SECTION (HF4-3).</i>	
STATIC TEXT	
E HF4_Q528==3	
<i>INTERVIEWER: PROCEED TO PHARMACY SECTION (HF4-4).</i>	
STATIC TEXT	
E HF4_Q528==8	
<i>INTERVIEWER: ASK CAREGIVER TO PROCEED TO EXIT INTERVIEW (HF6).</i>	
STATIC TEXT	
E HF4_Q528==6	
<i>INTERVIEWER: END THE INTERVIEW</i>	
VARIABLE CountValue(6, HF4_Q165, HF4_Q265, HF4_Q321, HF4_Q424, HF4_Q528)>0	BOOLEAN HF4 admitted

#### HF4: CHILD UNDER 5 CARE / UNDER 5 PATIENT HF4: INFORMATION ON HEALTH CARE PROVIDERS

HF4: CHILD UNDER 5 CARE / UNDER 5 PATIENT / HF4: INFORMATION ON HEALTH CARE PROVIDERS Roster: HEALTH CARE PROVIDER generated by fixed list	HF4_HCP_Info
01 UNDER 5 CONSULTATION #1	
02 UNDER 5 CONSULTATION #2	
03 LAB SERVICE	
04 PHARMACY SERVICE	
05 DIAGNOSTICS SERVICE	
E @rowcode==2 ? IsAnswered(HF4_Q204) : @rowcode==3 ? HF4_Q303==1 : @rowcode==4 ? HF4_Q403==1 : @rowcode==5 ? HF4_Q503==1 : true	
6.01 : NAME OF HEALTH CARE PROVIDER PROVIDING %rosteritle%	TEXT HF4_Q601
6.02: SEX OF HEALTH CARE PROVIDER	SINGLE-SELECT HF4_Q402

PROVIDING %roster<sup>title</sup>%

- 01 ☐ Male  
02 ☐ Female

6.03 : RECORD HEALTH CARE PROVIDER TYPE  
PROVIDING %roster<sup>title</sup>%

SINGLE-SELECT

HF4\_Q603

- 01 ☐ Doctor or medical officer  
02 ☐ Hospital secretary  
03 ☐ Nurse midwife  
04 ☐ Nurse  
05 ☐ Midwife  
06 ☐ Pharmacist  
07 ☐ Environmental health  
09 ☐ Pharmacy technician/Dispenser  
10 ☐ Lab technologist/scientist  
11 ☐ Lab technician/assistant  
50 ☐ Public Health Nurse  
51 ☐ Community Health Officer (CHO)  
52 ☐ Community Health Extension Worker (CHEW)  
53 ☐ Junior Community Health Extension Worker (JCHEW)  
54 ☐ Medical Records Officer  
55 ☐ Auxiliary nurse/midwife

And [1 other \[3\]](#)

6.03\_oth: Please specify the other health care provider type

TEXT

HF4\_Q603SPC

E HF4\_Q603==96

6.04. How old is the health care provider in completed years?

NUMERIC: INTEGER

HF4\_Q604

I NUMBER OF YEARS

V1 self.InRange(18,75)

M1 This age seems unlikely. Please correct

6.05: What is the highest academic qualification that the health care provider has obtained?

SINGLE-SELECT

HF4\_Q605

- 02 ☐ Secondary School Certificate  
03 ☐ Bachelor degree  
04 ☐ Master degree or higher  
05 ☐ Certificate  
06 ☐ Diploma  
07 ☐ Higher national diploma  
08 ☐ MBBS  
09 ☐ Don't know

V1 // Highly educated positions - at least bachelors self>=3 && HF4\_Q603.InList(1,3,4,5,6,9,10,50,51) || // medium education - at least secondary self>=2 && HF4\_Q603.InList(11,52,53,55) || // Other non c And [61 other symbols \[2\]](#)

M1 The highest academic qualification (%HF4\_Q605%) obtained seems to o low for their position in this facility. Please review.

6.06: For how many years has he/she been in his/her current position?

NUMERIC: INTEGER

HF4\_Q606

V1 self<=(HF4\_Q604-21)

M1 The number of years worked in this position does not seem correct. Please confirm.

VARIABLE

HF4\_patients.Count(x=>x.HF4\_admitted==true)

LONG

HF4\_num adm

INTERVIEWER: HOW MANY REPLACEMENT OBSERVATIONS ARE NECESSARY?

NUMERIC: INTEGER

HF4\_replacement

I REPLACEMENT OBSERVATIONS SHOULD BE CONDUCTED IF THE CAREGIVER REFUSES TO PARTICIPATE IN THE EXIT INTERVIEW OR IF THE OBSERVATION IS NOT ABLE TO BE COMPLETED RECORD '0' IF NONE NEEDED. UP TO TWO REPLA And [25 other symbols \[2\]](#)

V1 self<=2

M1 A maximum of 2 replacements are allowed.



V2 self>= HF4\_num\_adm

M2 There were %HF4\_num\_adm% patients reported to be admitted to inpatient care. You have to replace any patient that an exit interview cannot be completed for!

## APPENDIX A — VALIDATION CONDITIONS AND MESSAGES

### [1] [HF3\\_Q605: 6.05: What is the highest academic qualification that the health care provider has obtained?](#)

Validation Condition:

```
// Highly educated positions - at least bachelors
self>=3 && HF3_Q603.InList(1,3,4,5,6,9,10,11,13,52,53,50,51) ||
// medium education - at least secondary
self>=2 && HF3_Q603.InList(3,4,5,6,9,10,11,13,50,51,52,53) ||
// Other non clinical - does not require any education so no check
self==17
```

Validation Message: The highest academic qualification (%HF3\_Q605%) obtained seems too low for their position in this facility. Please review.

### [2] [HF4\\_Q605: 6.05: What is the highest academic qualification that the health care provider has obtained?](#)

Validation Condition:

```
// Highly educated positions - at least bachelors
self>=3 && HF4_Q603.InList(1,3,4,5,6,9,10,50,51) ||
// medium education - at least secondary
self>=2 && HF4_Q603.InList(11,52,53,55) ||
// Other non clinical - does not require any education so no check
self==17
```

Validation Message: The highest academic qualification (%HF4\_Q605%) obtained seems too low for their position in this facility. Please review.

## APPENDIX B — INSTRUCTIONS

[1] [HF3\\_replacement: INTERVIEWER: HOW MANY REPLACEMENT OBSERVATIONS ARE NECESSARY?](#)

REPLACEMENT OBSERVATIONS SHOULD BE CONDUCTED IF THE PATIENT REFUSES TO PARTICIPATE IN THE EXIT INTERVIEW OR IF THE OBSERVATION IS NOT ABLE TO BE COMPLETED RECORD '0' IF NONE NEEDED. UP TO TWO REPLACEMENTS WILL APPEAR ABOVE

[2] [HF4\\_replacement: INTERVIEWER: HOW MANY REPLACEMENT OBSERVATIONS ARE NECESSARY?](#)

REPLACEMENT OBSERVATIONS SHOULD BE CONDUCTED IF THE CAREGIVER REFUSES TO PARTICIPATE IN THE EXIT INTERVIEW OR IF THE OBSERVATION IS NOT ABLE TO BE COMPLETED RECORD '0' IF NONE NEEDED. UP TO TWO REPLACEMENTS WILL APPEAR ABOVE

## APPENDIX C — OPTIONS

[1] **lga\_code: Local Government Area**

Options: 0201:DEMSA, 0202:FUFORE/GURIN, 0203:GANYE, 0204:GIREI, 0205:GOMBI, 0206:GUYUK, 0207:HONG, 0208:JADA, 0209:LAMUR DE, 0210:MADAGALI, 0211:MAIHA, 0212:MAYO-BELWA, 0213:MICHIKA, 0214:MUBI NORTH, 0215:MUBI SOUTH, 0216:NUMAN, 0217:SHE LLENG, 0218:SONG, 0219:TOUNGO, 0220:YOLA NORTH, 0221:YOLA SOUTH, 0701:ADOR, 0702:AGATU, 0703:APA, 0704:BURUKU, 0705:G BOKO, 0706:GUMA, 0707:GWER-EAST, 0708:GWER-WEST, 0709:KATSINA-ALA, 0710:KONSHISHA, 0711:KWANDE, 0712:LOGO, 0713:MAKU RDI, 0714:OBI BN, 0715:OGBADIBO, 0716:OHIMINI, 0717:OJU, 0718:OKPOKWU, 0719:OTUKPO, 0720:TARKA, 0721:UKUM, 0722:USHONG O, 0723:VANDEIKYA, 2501:AKWANGA, 2502:AWE, 2503:DOMA, 2504:KARU, 2505:KEANA, 2506:KEFFI, 2507:KOKONA, 2508:LAFIA, 2509:N ASARAWA, 2510:NASARAWA EGN, 2511:OBI, 2512:TOTO, 2513:WAMBA, 2701:ABEOKUTA NORTH, 2702:ABEOKUTA SOUTH, 2703:ADO-OD O/OTA, 2704:EGBADO-N/YEWA, 2705:EGBADO-SOUTH/, 2706:EWEKORO, 2707:IFO, 2708:IJEBU-EAST, 2709:IJEBU-NORTH, 2710:IJEBU-N/E AST, 2711:IJEBU-ODE, 2712:IKENNE, 2713:IMEKO/AFON, 2714:IPOKIA, 2715:OBAFEMI-OWODE, 2716:ODEDA, 2717:ODOGBOLU, 2718:OG UN-WATERSIDE, 2719:REMO NORTH, 2720:SAGAMU, 2801:AKOKO N/ EAST, 2802:AKOKO N/WEST, 2803:AKOKO S/EAST, 2804:AKOKO S/WE ST, 2805:AKURE NORTH, 2806:AKURE SOUTH, 2807:ESE-ODO, 2808:IDANRE, 2809:IFEDORE, 2810:ILAJE, 2811:ILEOLUJI/OKEIGBO, 2812:IR ELE, 2813:ODIGBO, 2814:OKITIPUPA, 2815:ONDO EAST, 2816:ONDO WEST, 2817:OSE, 2818:OWO, 3401:ARDO-KOLA, 3402:BALI, 3403:D ONGA, 3404:GASHAKA, 3405:GASSOL, 3406:IBI, 3407:JALINGO, 3408:KARIM-LAMIDO, 3409:KURMI, 3410:LAU, 3411:SARDAUNA, 3412:TA KUM, 3413:USSA, 3414:WUKARI, 3415:YORRO, 3416:ZING,

[2] **HF3\_Q603: 6.03 : RECORD HEALTH CARE PROVIDER TYPE PROVIDING <font color="blue">%rosteritle%</font>**

Options: 1: Doctor or medical officer, 2: Hospital secretary, 3: Nurse midwife, 4: Nurse, 5: Midwife, 6: Pharmacist, 7: Environmental health, 9: Pharmacy technician/Dispenser, 10: Lab technologist/scientist, 11: Lab technician/assistant, 50: Public Health Nurse, 51: Community Health Office r (CHO), 52: Community Health Extension Worker (CHEW), 53: Junior Community Health Extension Worker (JCHEW), 54: Medical Records Officer, 55: Auxiliary nurse/midwife, 96: Others specify,

[3] **HF4\_Q603: 6.03 : RECORD HEALTH CARE PROVIDER TYPE PROVIDING <font color="blue">%rosteritle%</font>**

Options: 1: Doctor or medical officer, 2: Hospital secretary, 3: Nurse midwife, 4: Nurse, 5: Midwife, 6: Pharmacist, 7: Environmental health, 9: Pharmacy technician/Dispenser, 10: Lab technologist/scientist, 11: Lab technician/assistant, 50: Public Health Nurse, 51: Community Health Office r (CHO), 52: Community Health Extension Worker (CHEW), 53: Junior Community Health Extension Worker (JCHEW), 54: Medical Records Officer, 55: Auxiliary nurse/midwife, 96: Others specify,

Legend and structure of information in this file

Name of section	Enabling condition for this section	Type of question, scope	Variable name
SECTION 5: OTHER INCOME SOURCES			
E s4_other_sources_which.Contains(98)			
Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur?		MULTI-SELECT SCOPE: PREFILLED	s4_re1_leaders_other
I This refers to family relations E s3_time_other > 0 V1 s4_re1_leaders_which.Contains(98) M1 Can not be itself V2 (s3_time_other_breeding_advice <= (50 - s3_time_art_insem_advice))    s3_time_other_breeding_advice == 0 M2 This person is not in the list F optioncode != s5_ignored_option_code		01 <input type="checkbox"/> Community animal health workers 02 <input type="checkbox"/> Private 03 <input type="checkbox"/> Government 04 <input type="checkbox"/> Livestock keepers association 05 <input type="checkbox"/> NGO  And 5 other [13]	
Additional information: "I" – Question instruction "E" – Enabling condition "V1" – Validation condition №1 "M1" – Message for validation №1 "F" – Filter in Categorical questions		Link to full set in appendix	

Breadcrumbs
CHAPTER 3 IDENTIFICATION / Roster: LEADER RELATION DETAILS generated by fixed list:
01 Ward Livestock Officer 02 Village Livestock Officer 99 Other (specify)
List items