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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"/> FUFURE/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 95 other [1]
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

<p>HF3: ANTENATAL CARE Roster: ANTENATAL PATIENTS generated by fixed list</p> <p>001 Antenatal - First Patient (ID #1) 002 Antenatal - Second Patient (ID #2) 003 Antenatal - Third Patient (ID #3)</p>	anc_patients
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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 this clinic? 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

INTERVIEWER: RECORD WHETHER THE PROVIDER ASKED OR DISCUSSED WITH THE CLIENT ANY OF THE FOLLOWING:

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

INTERVIEWER: RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS ABOUT THE CLIENT'S PRIOR PREGNANCIES

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

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
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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	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q163
1.64 : FEVER	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q164
1.65 : EXCESSIVE TIREDNESS OR BREATHLESSNESS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q165
1.66 : SWOLLEN HANDS AND FACE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q166
1.67 : 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_Q167
1.68 : INFORMED THE CLIENT ABOUT THE PROGRESS OF THE PREGNANCY	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know	HF3_Q168

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

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 CONCLUDED	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

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

STATIC TEXT

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

STATIC TEXT

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

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

<p>2.47 : PRESCRIBED/GAVE IRON PILLS (TABLETS) OR FOLIC ACID OR BOTH</p>	<p>SINGLE-SELECT HF3_Q247 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.48 : EXPLAINED THE PURPOSE OF IRON OR FOLIC ACID</p> <p>E HF3_Q247==1</p>	<p>SINGLE-SELECT HF3_Q248 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.49 : EXPLAINED HOW TO TAKE IRON OR FOLIC-ACID PILLS (TABLETS)</p> <p>E HF3_Q247==1</p>	<p>SINGLE-SELECT HF3_Q249 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.50 : EXPLAINED SIDE EFFECTS OF IRON PILLS</p> <p>E HF3_Q247==1</p>	<p>SINGLE-SELECT HF3_Q250 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.51 : PRESCRIBED OR GAVE A TETANUS TOXOID (TT) INJECTION</p>	<p>SINGLE-SELECT HF3_Q251 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.52 : EXPLAINED THE PURPOSE OF THE TT INJECTION</p> <p>E HF3_Q251==1</p>	<p>SINGLE-SELECT HF3_Q252 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.53 : PRESCRIBED/ GAVE ANTI-MALARIAL PROPHYLAXIS</p>	<p>SINGLE-SELECT HF3_Q253 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.54 : EXPLAINED CORRECTLY THE PURPOSE OF THE PREVENTIVE TREATMENT WITH MALARIA MEDICATIONS</p> <p>E HF3_Q253==1</p>	<p>SINGLE-SELECT HF3_Q254 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.55 : EXPLAINED HOW TO TAKE ANTI-MALARIAL MEDICATION</p> <p>E HF3_Q253==1</p>	<p>SINGLE-SELECT HF3_Q255 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
<p>2.56 : EXPLAINED POSSIBLE SIDE EFFECTS OF MALARIA PILLS</p> <p>E HF3_Q253==1</p>	<p>SINGLE-SELECT HF3_Q256 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>

STATIC TEXT

DIRECT OBSERVATION

<p>2.57 : OBSERVED THAT THE 1ST DOSE OF INTERMITTENT PREVENTIVE THERAPY (IPT) IS GIVEN IN THE FACILITY</p> <p>E HF3_Q253==1</p>	<p>SINGLE-SELECT HF3_Q257 01 <input type="radio"/> Yes 02 <input type="radio"/> No 09 <input type="radio"/> Don't know</p>
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<p>2.58 : IMPORTANCE OF A SECOND DOSE OF IPT EXPLAINED</p> <p>E HF3_Q253==1</p>	<p>SINGLE-SELECT HF3_Q258</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
<p>2.59 : IMPORTANCE OF USING INSECTICIDE TREATED NETS (ITN) EXPLAINED EXPLICITLY</p>	<p>SINGLE-SELECT HF3_Q259</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
<p>2.60 : GIVEN VOUCHER FOR ITN/GIVEN ITN FREE OF CHARGE</p>	<p>SINGLE-SELECT HF3_Q260</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p> <p>09 <input type="radio"/> Don't know</p>
<p>2.61 : ITN PURCHASED BY THE CLIENT</p>	<p>SINGLE-SELECT HF3_Q261</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

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

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

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

2.68 : 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>2.79 : RECORD HOW MANY WEEKS PREGNANT THE CLIENT IS.</p> <p>I ASK PROVIDER IF NEEDED. IF DON'T KNOW, RECORD '99'</p> <p>V1 self<44 self==99</p> <p>M1 Cannot be more than 44 weeks (10 months) pregnant! Please confirm</p>	<p>NUMERIC: INTEGER HF3_Q279</p> <p>-----</p>
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<p>2.80 : RECORD THE OUTCOME OF THE CONSULTATION</p> <p>I RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDE D</p>	<p>SINGLE-SELECT HF3_Q280</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>
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<p>2.81 : TIME CONSULTATION ENDED WITH THIS PROVIDER</p> <p>V1 // Only run validation if the question is answered IsAnswered(self) ? self >= 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 HF3_Q281</p> <p>-----</p>
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<p>2.82 : WHERE DID THE PATIENT GO AFTER EXITING THIS CONSULTATION?</p>	<p>SINGLE-SELECT HF3_Q282</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>
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STATIC TEXT

E HF3_Q282==4

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

STATIC TEXT

E HF3_Q282==3

INTERVIEWER: PROCEED TO PHARMACY SECTION (HF3-4)

STATIC TEXT

E HF3_Q282==5

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

STATIC TEXT

E HF3_Q282==8

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

STATIC TEXT

E HF3_Q282==6

INTERVIEWER: END THE INTERVIEW

HF3: ANTENATAL CARE / ANTENATAL PATIENTS

HF3-3: LAB SERVICE (ANC)

E CountValue(4, HF3_Q182, HF3_Q282, HF3_Q424, HF3_Q529) > 0

<p>3.03 : LAB WORK DONE TODAY?</p>	<p>SINGLE-SELECT HF3_Q303</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
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<p>3.04 : TIME WHEN THE PATIENT ARRIVED AT LABORATORY AREA FOR SERVICE</p> <p>E HF3_Q303==1</p>	<p>DATE: CURRENT TIME HF3_Q304</p> <p>.....</p>
<p>3.05 : TIME WHEN A PROVIDER STARTED TO PROVIDE SERVICES IN THE LAB</p> <p>E HF3_Q303==1</p> <p>V1 self >= HF3_Q304</p> <p>M1 The time that the service started should be after the time the patient arrived. Please correct.</p>	<p>DATE: CURRENT TIME HF3_Q305</p> <p>.....</p>
<p>3.10 : DID THE HEALTH CARE PROVIDER INTRODUCE HIMSELF OR HERSELF TO THE PATIENT?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q310</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.11 : DID THE HEALTH CARE PROVIDER LET THE PATIENT KNOW WHAT HE/SHE WILL BE DOING IN THE LAB FOR HER?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q311</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.12 : DID HEALTH CARE PROVIDER COLLECT BLOOD FOR TESTING?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q312</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.13 : DID HEALTH CARE PROVIDER COLLECT URINE FOR TESTING?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q313</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.14: DID THE HEALTH CARE PROVIDER WRITE THE NAME OF THE PATIENT ON THE SPECIMEN COLLECTED?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q314</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.15 : DID THE HEALTH CARE PROVIDER TELL THE PATIENT WHEN THE TEST RESULTS WILL BE AVAILABLE?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q315</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.16 : DID THE HEALTH CARE PROVIDER EXPLAIN THE PURPOSE OF THE LAB TESTS?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q316</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.17 : IF SYRINGE WAS USED, DID THE HEALTH CARE PROVIDER USE A NEW SYRINGE?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q317</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.18 : WAS THE COTTON AND OTHER SUPPLIES USED CLEAN/STERILIZED?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q318</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.19 : DID THE HEALTH CARE PROVIDER USE STERILIZED HAND GLOVES?</p> <p>E HF3_Q303==1</p>	<p>SINGLE-SELECT HF3_Q319</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>3.20 : TIME PATIENT EXITED THE LAB</p>	<p>DATE: CURRENT TIME HF3_Q320</p>

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 HF3_Q321
- 01 Waiting area/room
 - 02 Another consultation
 - 03 Pharmacy
 - 04 Laboratory
 - 05 Diagnostic test area
 - 06 Admission to inpatient care
 - 07 Other areas
 - 08 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 HF3_Q403
- 01 Yes
 - 02 No

4.04 : TIME WHEN THE PATIENT ARRIVED AT PHARMACY OR STORE AREA FOR SERVICE

DATE: CURRENT TIME HF3_Q404

E HF3_Q403==1

.....

4.09 : IS THERE A QUEUE TO GET DRUGS?

- SINGLE-SELECT HF3_Q409
- 01 Yes
 - 02 No

E HF3_Q403==1

4.10 : AT WHAT TIME DID THE PHARMACY STORE PERSON START PROVIDING SERVICE TO PATIENT?

DATE: CURRENT TIME HF3_Q410

E HF3_Q403==1

.....

4.11 : DID THE HEALTH CARE PROVIDER ASK FOR THE PRESCRIPTION FROM THE PATIENT?

- SINGLE-SELECT HF3_Q411
- 01 Yes
 - 02 No

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

DRUGS AND EXITED THE PHARMACY AREA

E HF3_Q403==1
 V1 self > HF3_Q404
 M1 The time the patient exited the pharmacy area should be after the time they arrived. Please record time again.

.....

4.24 : WHERE DID THE PATIENT GO NEXT AFTER PHARMACY SERVICES?

F // Do not show pharmacy @optioncode!=3
 E HF3_Q403==1

- SINGLE-SELECT HF3_Q424
- 01 Waiting area/room
 - 02 Another consultation
 - 03 Pharmacy
 - 04 Laboratory
 - 05 Diagnostic test area
 - 06 Admission to inpatient care
 - 07 Other areas
 - 08 Exit the facility

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?

- SINGLE-SELECT HF3_Q503
- 01 Yes
 - 02 No

5.04 : TIME WHEN THE PATIENT ARRIVED AT DIAGNOSTIC TEST AREA FOR SERVICE

DATE: CURRENT TIME HF3_Q504

E HF3_Q503==1

.....

5.09 : AT WHAT TIME HEALTH CARE PROVIDER STARTED PROVIDING SERVICE TO PATIENT?

DATE: CURRENT TIME HF3_Q509

E HF3_Q503==1

.....

5.10 : DID THE HEALTH CARE PROVIDER ASK FOR THE DIAGNOSTIC TEST ORDER AND/OR RECEIVED IT FROM PATIENT?

- SINGLE-SELECT HF3_Q510
- 01 Yes
 - 02 No

E HF3_Q503==1

5.11 : LIST THE TESTS ORDERED BY HEALTH

MULTI-SELECT: YES/NO HF3_Q511

<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 HF3_Q511 other</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 HF3_Q512</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 HF3_Q513</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 HF3_Q513 other</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 HF3_Q514</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 HF3_Q515</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 HF3_Q516</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 HF3_Q517</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 && HF3_Q517==1</p>	<p>SINGLE-SELECT HF3_Q518</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 && HF3_Q517==1</p>	<p>SINGLE-SELECT HF3_Q519</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 HF3_Q520</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 HF3_Q521 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF3_Q503==1	
5.22 : DID THE HEALTH CARE PROVIDER INFORMED THE PATIENT WHEN THE RESULTS WILL BE AVAILABLE?	SINGLE-SELECT HF3_Q522 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF3_Q503==1	
5.23 : DID HEALTH CARE PROVIDER USE PROTECTIVE JACKET FOR X-RAYS?	SINGLE-SELECT HF3_Q523 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF3_Q503==1	
5.24 : DID HEALTH CARE PROVIDER USE CLEAN SUPPLIES FOR DOING DIAGNOSTIC TESTS (UNUSED SUPPLIES)?	SINGLE-SELECT HF3_Q524 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF3_Q503==1	
5.25 : WAS THE PRINTOUT OF ECG CLEAR?	SINGLE-SELECT HF3_Q525 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF3_Q503==1	
5.26 : WAS THE PRINTOUT OF ULTRASOUND CLEAR?	SINGLE-SELECT HF3_Q526 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF3_Q503==1	
5.27 : DID THE HEALTH CARE PROVIDER TELL THE PATIENT THE COST OF EACH OF THE TESTS?	SINGLE-SELECT HF3_Q527 01 <input type="radio"/> Yes 02 <input type="radio"/> No
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 HF3_Q529 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
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 %rostertitle%

TEXT

HF3_Q601

6.02: SEX OF HEALTH CARE PROVIDER PROVIDING %rostertitle%

SINGLE-SELECT

HF3_Q602

01 Male

02 Female

6.03 : RECORD HEALTH CARE PROVIDER TYPE PROVIDING %rostertitle%

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 1 other [2]
<p>6.03_oth: Please specify the other health care provider type</p> <p>E HF3_Q603==96</p>	<p>TEXT</p> <p>HF3_Q603SPEC</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</p> <p>HF3_Q604</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>= 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 And 92 other symbols [1]</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</p> <p>HF3_Q605</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<=(HF3_Q604-21)</p> <p>M1 The number of years worked in this position does not seem correct. Please confirm.</p>	<p>NUMERIC: INTEGER</p> <p>HF3_Q606</p> <p>-----</p>
<p>VARIABLE</p> <p>anc_patients.Count(x=>x.HF3_admitted==true)</p>	<p>LONG</p> <p>HF3_num_adm</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 'O' IF NONE NEEDED. UP TO TWO REPLACE And 23 other symbols [1]</p> <p>V1 self<=2</p> <p>M1 A maximum of 2 replacements are allowed.</p> <p>V2 self>= 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</p> <p>HF3_replacement</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	NUMERIC: INTEGER HF4_Q102A
<p>I IF LESS THAN A MONTH, WRITE 00</p> <p>V1 self.InRange(0,59)</p> <p>M1 Child must be under 5 years old (59 months or younger)!</p>	-----
Q1.02b. Sex of Patient	SINGLE-SELECT HF4_Q102B
Q1.02c. Time of Patient Arrival at the registration/records area	TEXT HF4_Q102C
<p>I 7 am is 07:00, 8.30 am is 08:30 and 7 pm is 19:00.</p> <p>V1 \$validtime</p> <p>M1 Time entered is not a valid time. The format should be HH:MM. Please re-enter.</p>	-----
Q1.03 : TIME OF ENTRY IN THE CONSULTATION ROOM	DATE: CURRENT TIME HF4_Q103
Q1.04 : TIME WHEN SERVICE PROVISION STARTED	DATE: CURRENT TIME HF4_Q104
<p>V1 self >= HF4_Q103</p> <p>M1 The time that the service started should be after the time of entry. Please record the time again.</p>	-----

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
Q1.11 : DID THE HEALTH CARE PROVIDER WASH HANDS WITH SOAP AND WATER BEFORE EXAMINING THE PATIENT?	SINGLE-SELECT HF4_Q111
Q1.12: DID THE HEALTH CARE PROVIDER ASK AGE OF PATIENT?	SINGLE-SELECT HF4_Q112
Q1.13 : DID THE HEALTH CARE PROVIDER ASK ABOUT NATURE OF COMPLAINT?	SINGLE-SELECT HF4_Q113
Q1.14: WHAT WAS THE PRIMARY COMPLAINT FOR BRINGING IN THE CHILD	SINGLE-SELECT HF4_Q114

- 02 Fever
- 03 Cough/ difficult breathing
- 04 Skin Disease
- 05 Tonsillitis/ Sore throat
- 06 Otitis media/ Pain in ear
- 07 Injury
- 96 Other

<p>Q1.14_oth : Specify Other PRIMARY COMPLAINT FOR BRINGING IN THE CHILD</p> <p>E HF4_Q114==96</p>	<p>TEXT HF4_Q114_oth</p> <p>.....</p>
<p>Q1.15 : ARE THERE ANY OTHER COMPLAINTS ASSOCIATED WITH PRIMARY COMPLAINT</p> <p>I SELECT ALL MENTIONED IF NO OTHER COMPLAINT, SELECT "NO OTHER COMPLAINT"</p> <p>V1 self.Contains(98) ? self.ContainsOnly(98): true</p> <p>M1 YOU HAVE SELECTED "NO OTHER COMPLAINTS" AND ALSO ANOTHER</p>	<p>MULTI-SELECT HF4_Q115</p> <ul style="list-style-type: none"> 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
<p>Q1.15_oth : SPECIFY OTHER COMPLAINT</p> <p>E HF4_Q115.Contains(96)</p>	<p>TEXT HF4_Q115_oth</p> <p>.....</p>
<p>Q1.16 : IS THE DURATION OF THE PRIMARY COMPLAINT ASKED?</p>	<p>SINGLE-SELECT HF4_Q116</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
<p>Q1.17 : DID SOMEONE IN THE FACILITY WEIGH THE CHILD?</p>	<p>SINGLE-SELECT HF4_Q117</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
<p>Q1.18 : DID SOMEONE IN THE FACILITY MEASURE THE HEIGHT OF THE CHILD?</p>	<p>SINGLE-SELECT HF4_Q118</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
<p>Q1.19 : DID SOMEONE IN THE FACILITY PLOT THE CHILD'S HEIGHT FOR WEIGHT?</p>	<p>SINGLE-SELECT HF4_Q119</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
<p>Q1.20 : DOES THE HEALTH CARE PROVIDER ASK WHETHER CHILD IS ABLE TO DRINK OR BREASTFEED?</p>	<p>SINGLE-SELECT HF4_Q120</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
<p>Q1.21 : DOES THE HEALTH CARE PROVIDER ASK WHETHER CHILD VOMITS AFTER FEEDING OR DRINKING?</p>	<p>SINGLE-SELECT HF4_Q121</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
<p>Q1.22 : DOES THE HEALTH CARE PROVIDER ASK WHETHER CHILD HAS LETHARGY OR A CHANGE IN LEVEL OF CONSCIOUSNESS?</p>	<p>SINGLE-SELECT HF4_Q122</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
<p>Q1.23: DOES THE HEALTH CARE PROVIDER ASK ABOUT CONVULSIONS?</p>	<p>SINGLE-SELECT HF4_Q123</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes 02 <input type="radio"/> No
<p>Q1.24: DOES THE HEALTH CARE PROVIDER ASK ABOUT DIARRHEA?</p>	<p>SINGLE-SELECT HF4_Q124</p> <ul style="list-style-type: none"> 01 <input type="radio"/> Yes

	02 <input type="radio"/> No
Q1.25 : DOES THE PATIENT HAVE DIARRHEA?	SINGLE-SELECT HF4_Q125 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> DON'T KNOW
E HF4_Q125==1 Q1.26 : HEALTH CARE PROVIDER ASKED THE DURATION OF DIARRHEA EPISODE	SINGLE-SELECT HF4_Q126 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q125==1 Q1.27: HEALTH CARE PROVIDER ASKED IF CAREGIVER HAS NOTICED BLOOD IN STOOL?	SINGLE-SELECT HF4_Q127 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q125==1 Q1.28 : HEALTH CARE PROVIDER CHECKED DEHYDRATION BY SKIN PINCH	SINGLE-SELECT HF4_Q128 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q125==1 Q1.29 : WHAT IS THE DIAGNOSIS MENTIONED BY THE HEALTH CARE PROVIDER FOR CHILD'S DIARRHEA?	SINGLE-SELECT HF4_Q129 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)
E HF4_Q129==8 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 HF4_Q130 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q131==1 Q1.31 : DOES THE PATIENT HAVE COUGH OR DIFFICULTY BREATHING?	SINGLE-SELECT HF4_Q131 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Don't know
E HF4_Q131==1 Q1.32: HEALTH CARE PROVIDER ASKED HOW LONG THE CHILD HAS COUGH	SINGLE-SELECT HF4_Q132 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q131==1 Q1.33: HEALTH CARE PROVIDER ASKED ABOUT STRIDOR OR WHEEZING	SINGLE-SELECT HF4_Q133 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q131==1 Q1.34: HEALTH CARE PROVIDER CHECKED BREATHING RATE	SINGLE-SELECT HF4_Q134 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q131==1 Q1.35: HEALTH CARE PROVIDER LIFTED/REMOVED SHIRT/CLOTHING FOR PHYSICAL CHECKUP	SINGLE-SELECT HF4_Q135 01 <input type="radio"/> Yes 02 <input type="radio"/> No

<p>Q1.36 : HEALTH CARE PROVIDER LISTENED WITH STETHOSCOPE</p> <p>E HF4_Q131==1</p>	<p>SINGLE-SELECT HF4_Q136</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</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 HF4_Q137</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>Q1.37_oth : SPECIFY OTHER DIAGNOSIS RESULT</p> <p>E HF4_Q137==8</p>	<p>TEXT 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 HF4_Q138</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.39: DID THE PATIENT HAVE FEVER IN THE PAST 24 HOURS?</p> <p>E HF4_Q138==1</p>	<p>SINGLE-SELECT HF4_Q139</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>Q1.40: HEALTH CARE PROVIDER CHECKED TEMPERATURE IN THIS VISIT</p> <p>E HF4_Q139==1</p>	<p>SINGLE-SELECT HF4_Q140</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.41: HEALTH CARE PROVIDER ASKED HOW LONG THE PATIENT HAD FEVER</p> <p>E HF4_Q139==1</p>	<p>SINGLE-SELECT HF4_Q141</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.42: HEALTH CARE PROVIDER ASKED IF PATIENT HAD MEASLES PREVIOUSLY</p>	<p>SINGLE-SELECT HF4_Q142</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</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<=18</p>	<p>SINGLE-SELECT HF4_Q143</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.44: HEALTH CARE PROVIDER EXAMINED PATIENT EYES</p>	<p>SINGLE-SELECT HF4_Q144</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.45: HEALTH CARE PROVIDER LOOKED FOR RUNNY NOSE</p>	<p>SINGLE-SELECT HF4_Q145</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.46: HEALTH CARE PROVIDER LOOKED FOR SKIN RASH</p>	<p>SINGLE-SELECT HF4_Q146</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.47: DIAGNOSIS MENTIONED BY HEALTH CARE PROVIDER FOR CHILD'S FEVER</p>	<p>SINGLE-SELECT HF4_Q147</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>

	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 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF4_Q148
Q1.49: HEALTH CARE PROVIDER LOOKED BEHIND EARS	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF4_Q149
Q1.50: 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_Q150
Q1.51: 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_Q151
Q1.52: 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_Q152
Q1.53: 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_Q153
Q1.54: HEALTH CARE PROVIDER TELLS MOTHER/CAREGIVER THE NAME OF THE DISEASE	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF4_Q154
Q1.55: 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_Q155
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 01 <input type="radio"/> Yes 02 <input type="radio"/> No HF4_Q156
Q1.57a: DOES THE HEALTH CARE PROVIDER RECOMMEND: GIVE MORE FLUIDS E HF4_Q156==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable HF4_Q157a
Q1.57b: DOES THE HEALTH CARE PROVIDER RECOMMEND CONTINUE OR INCREASE FEEDINGS AND/OR BREAST FEEDING E HF4_Q156==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable HF4_Q157b
Q1.57c: DOES THE HEALTH CARE PROVIDER RECOMMEND: GIVE TEPID BATHS FOR FEVER	SINGLE-SELECT 01 <input type="radio"/> Yes HF4_Q157c

E HF4_Q156==1	02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q1.57d: DOES THE HEALTH CARE PROVIDER RECOMMEND: KEEP THE CHILD WARM	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: AVOID GIVING MEDICATIONS OTHER THAN THOSE PRESCRIBED TODAY
E HF4_Q156==1	SINGLE-SELECT HF4_Q157e 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q1.57f: DOES THE HEALTH CARE PROVIDER RECOMMEND: OTHER (SPECIFY)	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
E HF4_Q157f==1	TEXT HF4_Q157f_oth
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
E HF4_Q158==1	Q1.59a: DOES THE HEALTH CARE PROVIDER RECOMMEND: TELL MOTHER/CAREGIVER THE NAME OF THE MEDICINE?
E HF4_Q158==1	SINGLE-SELECT HF4_Q159a 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q1.59b: DOES THE HEALTH CARE PROVIDER RECOMMEND: EXPLAIN ABOUT HOW TO TAKE THE MEDICINE?	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: SAY WHAT ADVERSE REACTIONS MIGHT BE EXPECTED, AND WHAT TO DO ABOUT THEM?
E HF4_Q158==1	SINGLE-SELECT HF4_Q159c 01 <input type="radio"/> Yes 02 <input type="radio"/> No
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
E HF4_Q160==1	Q1.61a: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: FEVER DOES NOT GO AWAY AFTER CERTAIN TIME?
E HF4_Q160==1	SINGLE-SELECT HF4_Q161a 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q1.61b: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: FEVER DEVELOPS	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: CHILD IS
E HF4_Q160==1	SINGLE-SELECT HF4_Q161c 01 <input type="radio"/> Yes

<p>UNABLE TO DRINK OR IS DRINKING POORLY</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: CHANGE IN CONSCIOUSNESS</p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT HF4_Q161d</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: DIARRHEA PERSISTS</p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT HF4_Q161e</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: BLOOD APPEARS IN THE STOOL</p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT HF4_Q161f</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: CHILD DEVELOPS RAPID OR DIFFICULT BREATHING</p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT HF4_Q161g</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: CHILD BECOMES MORE SICK FOR ANY REASON</p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT HF4_Q161h</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: NEW SYMPTOMS DEVELOP</p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT HF4_Q161i</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: OTHER (SPECIFY)</p> <p>E HF4_Q160==1</p>	<p>SINGLE-SELECT HF4_Q161j</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 HF4_Q161j_oth</p> <p>.....</p>
<p>Q1.62a: DOES THE HEALTH CARE PROVIDER: TELL MOTHER/CAREGIVER WHEN THE CHILD IS TO RETURN FOR A SCHEDULED CHECK-UP (RETURN VISIT)?</p>	<p>SINGLE-SELECT HF4_Q162a</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.62b: DOES THE HEALTH CARE PROVIDER: TELL MOTHER/CAREGIVER TO GO TO ANOTHER FACILITY (INCLUDING REFERRAL)?</p>	<p>SINGLE-SELECT HF4_Q162b</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q1.62c: DOES THE HEALTH CARE PROVIDER: EXPLAIN THE REASON FOR REFERRAL?</p>	<p>SINGLE-SELECT HF4_Q162c</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 HF4_Q162d</p>

<p>Q1.62d: DOES THE HEALTH CARE PROVIDER: ASK IF MOTHER/CAREGIVER HAS ANY QUESTIONS?</p>	<p>01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q1.62e: DOES THE HEALTH CARE PROVIDER: CHECK THE CHILD'S IMMUNIZATION CARD?</p>	<p>SINGLE-SELECT HF4_Q162e 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q1.62f: DOES THE HEALTH CARE PROVIDER: SEND THE CHILD FOR IMMUNIZATION(S), IF HE/SHE NEEDS IMMUNIZATION(S)?</p>	<p>SINGLE-SELECT HF4_Q162f 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable</p>
<p>Q1.62g: DOES THE HEALTH CARE PROVIDER: TELL MOTHER/CAREGIVER TO TAKE CHILD FOR LABORATORY TEST?</p>	<p>SINGLE-SELECT HF4_Q162g 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable</p>
<p>Q1.63a: DOES THE HEALTH CARE PROVIDER: COMPLETE AN INDIVIDUAL PATIENT RECORD, CARD OR PASSPORT</p>	<p>SINGLE-SELECT HF4_Q163a 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q1.63b: DOES THE HEALTH CARE PROVIDER: MARK A PATIENT TALLY SHEET</p>	<p>SINGLE-SELECT HF4_Q163b 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q1.63c: DOES THE HEALTH CARE PROVIDER: MAKE A RECORD IN THE REGISTER BOOK</p>	<p>SINGLE-SELECT HF4_Q163c 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q1.64 : TIME WHEN THE CONSULTATION ENDED</p> <p>V1 self > HF4_Q104 M1 The time that the consultation ended should be after the start time. Please record the time again.</p>	<p>DATE: CURRENT TIME HF4_Q164</p> <p>.....</p>
<p>Q1.65: WHERE DID THE PATIENT AND CAREGIVER GO AFTER COMPLETING THIS CONSULTATION</p>	<p>SINGLE-SELECT HF4_Q165</p> <p>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</p>

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 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.11 : DID THE HEALTH CARE PROVIDER WASH HANDS WITH SOAP AND WATER BEFORE EXAMINING THE PATIENT?	SINGLE-SELECT HF4_Q211 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.12: DID THE HEALTH CARE PROVIDER ASK AGE OF PATIENT?	SINGLE-SELECT HF4_Q212 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.13 : DID THE HEALTH CARE PROVIDER ASK ABOUT NATURE OF COMPLAINT?	SINGLE-SELECT HF4_Q213 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.16 : DID THE HEALTH CARE PROVIDER ASK ABOUT THE DURATION OF THE PRIMARY COMPLAINT?	SINGLE-SELECT HF4_Q216 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.20 : DID THE HEALTH CARE PROVIDER ASK WHETHER CHILD IS ABLE TO DRINK OR BREASTFEED?	SINGLE-SELECT HF4_Q220 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.21 : DID THE HEALTH CARE PROVIDER ASK WHETHER CHILD VOMITS AFTER FEEDING OR DRINKING?	SINGLE-SELECT HF4_Q221 01 <input type="radio"/> Yes 02 <input type="radio"/> 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 E HF4_Q225==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q226
Q2.27: HEALTH CARE PROVIDER ASKED IF CAREGIVER HAS NOTICED BLOOD IN STOOL? E HF4_Q225==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q227
Q2.28 : HEALTH CARE PROVIDER CHECKED DEHYDRATION BY SKIN PINCH E HF4_Q225==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q228
Q2.29 : WHAT IS THE DIAGNOSIS MENTIONED BY THE HEALTH CARE PROVIDER FOR CHILD'S DIARRHEA? E HF4_Q225==1	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
Q2.29_oth : SPECIFY OTHER DIAGNOSIS RESULT E HF4_Q229==8	TEXT	HF4_Q229_oth
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 E HF4_Q231==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q232
Q2.33: HEALTH CARE PROVIDER ASKED ABOUT STRIDOR OR WHEEZING E HF4_Q231==1	SINGLE-SELECT 01 <input type="radio"/> Yes 02 <input type="radio"/> No	HF4_Q233

<p>Q2.34: HEALTH CARE PROVIDER CHECKED BREATHING RATE</p> <p>E HF4_Q231==1</p>	<p>SINGLE-SELECT HF4_Q234</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.35: HEALTH CARE PROVIDER LIFTED/REMOVED SHIRT/CLOTHING FOR PHYSICAL CHECKUP</p> <p>E HF4_Q231==1</p>	<p>SINGLE-SELECT HF4_Q235</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.36 : HEALTH CARE PROVIDER LISTENED WITH STETHOSCOPE</p> <p>E HF4_Q231==1</p>	<p>SINGLE-SELECT HF4_Q236</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</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 HF4_Q237</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>Q2.37_oth : SPECIFY OTHER DIAGNOSIS RESULT</p> <p>E HF4_Q237==8</p>	<p>TEXT 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 HF4_Q238</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.39: DID THE PATIENT HAVE FEVER IN THE PAST 24 HOURS?</p> <p>E HF4_Q238==1</p>	<p>SINGLE-SELECT HF4_Q239</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>Q2.40: HEALTH CARE PROVIDER CHECKED TEMPERATURE IN THIS VISIT</p> <p>E HF4_Q239==1</p>	<p>SINGLE-SELECT HF4_Q240</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.41: HEALTH CARE PROVIDER ASKED HOW LONG THE PATIENT HAD FEVER</p> <p>E HF4_Q239==1</p>	<p>SINGLE-SELECT HF4_Q241</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.42: HEALTH CARE PROVIDER ASKED IF PATIENT HAD MEASLES PREVIOUSLY</p>	<p>SINGLE-SELECT HF4_Q242</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</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<=18</p>	<p>SINGLE-SELECT HF4_Q243</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.44: HEALTH CARE PROVIDER EXAMINED PATIENT EYES</p>	<p>SINGLE-SELECT HF4_Q244</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.45: HEALTH CARE PROVIDER LOOKED FOR RUNNY NOSE</p>	<p>SINGLE-SELECT HF4_Q245</p> <p>01 <input type="radio"/> Yes</p> <p>02 <input type="radio"/> No</p>
<p>Q2.46: HEALTH CARE PROVIDER LOOKED FOR</p>	<p>SINGLE-SELECT 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 HF4 Q247 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
Q2.47_oth : SPECIFY OTHER DIAGNOSIS RESULT FOR CHILD FEVER E HF4_Q247==9	TEXT HF4 Q247 oth
Q2.48: HEALTH CARE PROVIDER CHECKED AND LOOKED INSIDE THE EARS	SINGLE-SELECT HF4 Q248 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.49: HEALTH CARE PROVIDER LOOKED BEHIND EARS	SINGLE-SELECT HF4 Q249 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.50: HEALTH CARE PROVIDER ASKED IF CHILD HAS EAR PAIN OR DISCHARGE FROM EAR	SINGLE-SELECT HF4 Q250 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.51: HEALTH CARE PROVIDER CHECKED THE PALMS OF CHILD'S HANDS, OR COMPARE THESE AGAINST MOTHER'S (ANEMIA)	SINGLE-SELECT HF4 Q251 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.52: HEALTH CARE PROVIDER LOOKED AT BOTH FEET OR BOTH ANKLES FOR OEDEMA	SINGLE-SELECT HF4 Q252 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.53: DOOR WAS CLOSED OR SCREEN WAS DRAWN TO ENSURE PATIENT'S PRIVACY	SINGLE-SELECT HF4 Q253 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.54: HEALTH CARE PROVIDER TELLS MOTHER/CAREGIVER THE NAME OF THE DISEASE	SINGLE-SELECT HF4 Q254 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.55: HEALTH CARE PROVIDER EXPLAINS THE DISEASE, ITS CAUSES AND/OR COURSE(THE NATURAL PROGRESSION OF THE DISEASE)	SINGLE-SELECT HF4 Q255 01 <input type="radio"/> Yes 02 <input type="radio"/> No
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 HF4 Q256 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.57a: DOES THE HEALTH CARE PROVIDER RECOMMEND: GIVE MORE FLUIDS	SINGLE-SELECT HF4 Q257a 01 <input type="radio"/> Yes 02 <input type="radio"/> No

E HF4_Q256==1	03 <input type="radio"/> Not Applicable
Q2.57b: DOES THE HEALTH CARE PROVIDER RECOMMEND CONTINUE OR INCREASE FEEDINGS AND/OR BREAST FEEDING	SINGLE-SELECT HF4_Q257b 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q256==1	SINGLE-SELECT HF4_Q257c 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q2.57c: DOES THE HEALTH CARE PROVIDER RECOMMEND: GIVE TEPID BATHS FOR FEVER	SINGLE-SELECT HF4_Q257d 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q256==1	SINGLE-SELECT HF4_Q257e 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q2.57d: DOES THE HEALTH CARE PROVIDER RECOMMEND: KEEP THE CHILD WARM	SINGLE-SELECT HF4_Q257f 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
E HF4_Q256==1	SINGLE-SELECT HF4_Q257f_oth 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable
Q2.57e: DOES THE HEALTH CARE PROVIDER RECOMMEND: AVOID GIVING MEDICATIONS OTHER THAN THOSE PRESCRIBED TODAY	SINGLE-SELECT HF4_Q258 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q256==1	SINGLE-SELECT HF4_Q259a 01 <input type="radio"/> Yes 02 <input type="radio"/> No
Q2.57f: DOES THE HEALTH CARE PROVIDER RECOMMEND: OTHER (SPECIFY)	TEXT HF4_Q259b
E HF4_Q257f==1	SINGLE-SELECT HF4_Q259c 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 HF4_Q260 01 <input type="radio"/> Yes 02 <input type="radio"/> No
E HF4_Q258==1	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
Q2.59a: DOES THE HEALTH CARE PROVIDER RECOMMEND: TELL MOTHER/CAREGIVER THE NAME OF THE MEDICINE?	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
E HF4_Q258==1	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
Q2.59b: DOES THE HEALTH CARE PROVIDER RECOMMEND: EXPLAIN ABOUT HOW TO TAKE THE MEDICINE?	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
E HF4_Q258==1	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
Q2.59c: DOES THE HEALTH CARE PROVIDER RECOMMEND: SAY WHAT ADVERSE REACTIONS MIGHT BE EXPECTED, AND WHAT TO DO ABOUT THEM?	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
E HF4_Q258==1	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
Q2.60: INDICATE TO THE MOTHER/CAREGIVER THE SIGNS OR SYMPTOMS THAT SHOULD PROMPT RETURN TO THE CLINIC?	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
E HF4_Q258==1	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes
Q2.61a: DOES THE HEALTH CARE PROVIDER TELL THE CAREGIVER WHAT TO DO IF: FEVER	SINGLE-SELECT HF4_Q261a 01 <input type="radio"/> Yes

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

<p>Q2.62b: DOES THE HEALTH CARE PROVIDER: TELL MOTHER/CAREGIVER TO GO TO ANOTHER FACILITY (INCLUDING REFERRAL)?</p>	<p>SINGLE-SELECT HF4_Q262b 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q2.62c: DOES THE HEALTH CARE PROVIDER: EXPLAIN THE REASON FOR REFERRAL?</p> <p>E HF4_Q262b==1</p>	<p>SINGLE-SELECT HF4_Q262c 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable</p>
<p>Q2.62d: DOES THE HEALTH CARE PROVIDER: ASK IF MOTHER/CAREGIVER HAS ANY QUESTIONS?</p>	<p>SINGLE-SELECT HF4_Q262d 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q2.62e: DOES THE HEALTH CARE PROVIDER: CHECK THE CHILD'S IMMUNIZATION CARD?</p>	<p>SINGLE-SELECT HF4_Q262e 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q2.62f: DOES THE HEALTH CARE PROVIDER: SEND THE CHILD FOR IMMUNIZATION(S), IF HE/SHE NEEDS IMMUNIZATION(S)?</p>	<p>SINGLE-SELECT HF4_Q262f 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable</p>
<p>Q2.62g: DOES THE HEALTH CARE PROVIDER: TELL MOTHER/CAREGIVER TO TAKE CHILD FOR LABORATORY TEST?</p>	<p>SINGLE-SELECT HF4_Q262g 01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not Applicable</p>
<p>Q2.63a: DOES THE HEALTH CARE PROVIDER: COMPLETE AN INDIVIDUAL PATIENT RECORD, CARD OR PASSPORT</p>	<p>SINGLE-SELECT HF4_Q263a 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q2.63b: DOES THE HEALTH CARE PROVIDER: MARK A PATIENT TALLY SHEET</p>	<p>SINGLE-SELECT HF4_Q263b 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q2.63c: DOES THE HEALTH CARE PROVIDER: MAKE A RECORD IN THE REGISTER BOOK</p>	<p>SINGLE-SELECT HF4_Q263c 01 <input type="radio"/> Yes 02 <input type="radio"/> No</p>
<p>Q2.64 : TIME WHEN THE CONSULTATION ENDED</p> <p>V1 self > HF4_Q204 M1 The time that the consultation ended should be after the start time. Please record the time again.</p>	<p>DATE: CURRENT TIME HF4_Q264</p>
<p>Q2.65: WHERE DID THE PATIENT AND CAREGIVER GO AFTER COMPLETING THIS CONSULTATION</p>	<p>SINGLE-SELECT HF4_Q265 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</p>

STATIC TEXT

E HF4_Q265==4

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

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
Q3.05 : TIME WHEN A PROVIDER STARTED TO PROVIDE SERVICES IN THE LAB	DATE: CURRENT TIME	HF4_Q305
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
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
Q3.12 : DID HEALTH CARE PROVIDER COLLECT BLOOD FOR TESTING?	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_312
Q3.13 : DID HEALTH CARE PROVIDER COLLECT URINE FOR TESTING	SINGLE-SELECT 01 <input type="radio"/> YES 02 <input type="radio"/> NO	HF4_313
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
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

<p>AVAILABLE?</p> <p>E HF4_Q303==1</p>	<p>02 <input type="radio"/> NO</p>
<p>Q3.16: DID THE HEALTH CARE PROVIDER EXPLAIN THE PURPOSE OF THE LAB TESTS?</p> <p>E HF4_Q303==1</p>	<p>SINGLE-SELECT HF4_316</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>
<p>Q3.17 : IF SYRINGE WAS USED, DID THE HEALTH CARE PROVIDER USE A NEW/FRESH SYRINGE?</p> <p>E HF4_Q303==1</p>	<p>SINGLE-SELECT HF4_317</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>
<p>Q3.18 : WAS COTTON AND OTHER SUPPLIES USED BY HEALTH CARE PROVIDER CLEAN/STERILIZED?</p> <p>E HF4_Q303==1</p>	<p>SINGLE-SELECT HF4_318</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>
<p>Q3.19 : DID THE HEALTH CARE PROVIDER USE STERILIZED HAND GLOVES?</p> <p>E HF4_Q303==1</p>	<p>SINGLE-SELECT HF4_319</p> <p>01 <input type="radio"/> YES</p> <p>02 <input type="radio"/> NO</p>
<p>Q3.20 : TIME PATIENT EXITED THE LAB</p> <p>E HF4_Q303==1</p> <p>V1 self > HF4_Q305</p> <p>M1 The time the patient exited the lab should be after the time when service started. Please record the time again.</p>	<p>DATE: CURRENT TIME HF4_Q320</p> <p>.....</p>
<p>Q3.21: WHERE DID THE PATIENT GO NEXT AFTER LAB SERVICES?</p> <p>F // Do not show service for current section @optioncode!=5</p> <p>E HF4_Q303==1</p>	<p>SINGLE-SELECT HF4_Q321</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>

STATIC TEXT

E HF4_Q321==2

INTERVIEWER: PROCEED TO UNDER 5 SECOND CONSULTATION.

STATIC TEXT

E HF4_Q321==3 && !IsAnswered(HF4_Q403)

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

STATIC TEXT

E HF4_Q321==5 && !IsAnswered(HF4_Q503)

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

STATIC TEXT

E HF4_Q321==8

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

STATIC TEXT

E HF4_Q321==6

INTERVIEWER: END THE INTERVIEW

HF4-4: PHARMACY SERVICE

E CountValue (3, HF4_Q165, HF4_Q265, HF4_Q321, HF4_Q528) > 0

<p>Q4.03 : WERE DRUGS OBTAINED BY THE PATIENT FROM THE PHARMACY?</p>	<p>SINGLE-SELECT HF4_Q403 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.04 : TIME WHEN THE PATIENT ARRIVED AT PHARMACY OR STORE AREA FOR SERVICE</p> <p>E HF4_Q403==1</p>	<p>DATE: CURRENT TIME HF4_Q404 </p>
<p>Q4.09: IS THERE A QUEUE TO GET DRUGS?</p> <p>E HF4_Q403==1</p>	<p>SINGLE-SELECT HF4 409 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.10 : AT WHAT TIME THE PHARMACY STORE PERSON STARTED PROVIDING SERVICE TO PATIENT?</p> <p>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.</p>	<p>TEXT HF4_Q410 </p>
<p>Q4.11: DID THE HEALTH CARE PROVIDER ASK FOR THE PRESCRIPTION FROM THE PATIENT?</p> <p>E HF4_Q403==1</p>	<p>SINGLE-SELECT HF4 411 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.12: DID HEALTH CARE PROVIDER LET THE PATIENT KNOW IF THE FACILITY HAS ALL THE DRUGS PRESCRIBED?</p> <p>E HF4_Q403==1</p>	<p>SINGLE-SELECT HF4 412 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.13: DID HEALTH CARE PROVIDER LET THE PATIENT KNOW PRICE OF EACH OF THE DRUGS?</p> <p>E HF4_Q403==1</p>	<p>SINGLE-SELECT HF4 413 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.14: WAS THE HEALTH CARE PROVIDER RESPECTFUL TOWARDS THE PATIENT/CAREGIVER?</p> <p>E HF4_Q403==1</p>	<p>SINGLE-SELECT HF4 414 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.15: DID THE HEALTH CARE PROVIDER RESPOND TO ALL THE QUESTIONS THE PATIENT/CAREGIVER HAD?</p> <p>E HF4_Q403==1</p>	<p>SINGLE-SELECT HF4 415 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.16: DID THE HEALTHCARE WORKER EXPLAIN THE NUMBER OF TIMES THE DRUGS SHOULD BE TAKEN IN A DAY?</p> <p>E HF4_Q403==1</p>	<p>SINGLE-SELECT HF4 416 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.17: DID THE HEALTHCARE WORKER MENTIONED HOW LONG EACH OF THE MEDICINES SHOULD BE TAKEN?</p> <p>E HF4_Q403==1</p>	<p>SINGLE-SELECT HF4 417 01 <input type="radio"/> YES 02 <input type="radio"/> NO</p>
<p>Q4.18: DID THE HEALTH CARE PROVIDER</p>	<p>SINGLE-SELECT HF4 418</p>

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

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 HF4_Q503 01 <input type="radio"/> YES 02 <input type="radio"/> NO
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 HF4_Q510 01 <input type="radio"/> YES 02 <input type="radio"/> NO
E HF4_Q503==1	
Q5.11 : LIST THE TESTS ORDERED BY HEALTH CARE PROVIDER	MULTI-SELECT: YES/NO HF4_Q511 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)
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 HF4_Q512 01 <input type="radio"/> YES 02 <input type="radio"/> NO
E HF4_Q503==1	
Q5.13: THE REASON FOR NOT DOING ALL THE TESTS	MULTI-SELECT: YES/NO HF4_Q513 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)
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 HF4_Q514 01 <input type="radio"/> YES 02 <input type="radio"/> NO
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> <p>HF4_Q515</p>
<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> <p>HF4_Q516</p>
<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> <p>HF4_Q517</p>
<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> <p>HF4_Q518</p>
<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> <p>HF4_Q519</p>
<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> <p>HF4_Q520</p>
<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> <p>HF4_Q521</p>
<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> <p>HF4_Q522</p>
<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> <p>HF4_Q523</p>
<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> <p>HF4_Q524</p>
<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> <p>HF4_Q525</p>
<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> <p>HF4_Q526</p>
<p>Q5.27: TIME WHEN THE PATIENT COMPLETED</p>	<p>DATE: CURRENT TIME</p> <p>HF4_Q527</p>

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
INTERVIEWER: PROCEED TO UNDER 5 SECOND CONSULTATION.

STATIC TEXT
E HF4_Q528==4 && !IsAnswered(HF4_Q403)
INTERVIEWER: PROCEED TO LAB TEST SECTION (HF4-3).

STATIC TEXT
E HF4_Q528==3
INTERVIEWER: PROCEED TO PHARMACY SECTION (HF4-4).

STATIC TEXT
E HF4_Q528==8
INTERVIEWER: ASK CAREGIVER TO PROCEED TO EXIT INTERVIEW (HF6).

STATIC TEXT
E HF4_Q528==6
INTERVIEWER: END THE INTERVIEW

VARIABLE CountValue(6, HF4_Q165, HF4_Q265, HF4_Q321, HF4_Q424, HF4_Q528)>0	BOOLEAN HF4 admitted
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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 %rostartitle%

- 01 Male
- 02 Female

6.03 : RECORD HEALTH CARE PROVIDER TYPE PROVIDING %rostartitle%

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 \[3\]](#)

V1 @rowcode<=2 && self.InList(1,3,4,5,50,51,52,53,55) || @rowcode==3 && self.InList(10,11) || @rowcode==4 && self.InList(6,9) || @rowcode==5 && self.InList(1,3,4,5,6,50,51,52,53,55)

M1 Please confirm the position with the services rendered

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:SHELLENG, 0218:SONG, 0219:TOUNGO, 0220:YOLA NORTH, 0221:YOLA SOUTH, 0701:ADOR, 0702:AGATU, 0703:APA, 0704:BURUKU, 0705:GBOKO, 0706:GUMA, 0707:GWER-EAST, 0708:GWER-WEST, 0709:KATSINA-ALA, 0710:KONSHISHA, 0711:KWANDE, 0712:LOGO, 0713:MAKURDI, 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:NASARAWA, 2510:NASARAWA EGN, 2511:OBI, 2512:TOTO, 2513:WAMBA, 2701:ABEOKUTA NORTH, 2702:ABEOKUTA SOUTH, 2703:ADO-ODO/OTA, 2704:EGBADO-N/YEWA, 2705:EGBADO-SOUTH/, 2706:EWEKORO, 2707:IFO, 2708:IJEBU-EAST, 2709:IJEBU-NORTH, 2710:IJEBU-N/EAST, 2711:IJEBU-ODE, 2712:IKENNE, 2713:IMEKO/AFON, 2714:IPOKIA, 2715:OBAFEMI-OWODE, 2716:ODEDA, 2717:ODOGBOLU, 2718:OGUN-WATERSIDE, 2719:REMO NORTH, 2720:SAGAMU, 2801:AKOKO N/ EAST, 2802:AKOKO N/WEST, 2803:AKOKO S/EAST, 2804:AKOKO S/WEST, 2805:AKURE NORTH, 2806:AKURE SOUTH, 2807:ESE-ODO, 2808:IDANRE, 2809:IFEDORE, 2810:ILAJE, 2811:ILELOLUJI/OKEIGBO, 2812:IRELE, 2813:ODIGBO, 2814:OKITIPUPA, 2815:ONDO EAST, 2816:ONDO WEST, 2817:OSE, 2818:OWO, 3401:ARDO-KOLA, 3402:BALI, 3403:董ONGA, 3404:GASHAKA, 3405:GASSOL, 3406:IBI, 3407:JALINGO, 3408:KARIM-LAMIDO, 3409:KURMI, 3410:LAU, 3411:SARDAUNA, 3412:TAKUM, 3413:USSA, 3414:WUKARI, 3415:YORRO, 3416:ZING,

[2] **HF3_Q603: 6.03 : RECORD HEALTH CARE PROVIDER TYPE PROVIDING %rosteritle%**

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 Officer (CHO), 52 : Community Health Extension Worker (CHEW), 53 : Junior Community Health Extension Worker (JCHEW), 54 : Medical Records Officer, 55 : Auxilliary nurse/midwife, 96 : Others specify,

[3] **HF4_Q603: 6.03 : RECORD HEALTH CARE PROVIDER TYPE PROVIDING %rosteritle%**

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 Officer (CHO), 52 : Community Health Extension Worker (CHEW), 53 : Junior Community Health Extension Worker (JCHEW), 54 : Medical Records Officer, 55 : Auxilliary nurse/midwife, 96 : Others specify,

LEGEND

Legend and structure of information in this file

Name of section	Enabling condition for this section	Type of question, scope	Variable name
<p>SECTION 5: OTHER INCOME SOURCES</p> <p>E s4_other_sources_which.Contains(98)</p>	<p>Question title</p> <p>Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur?</p> <p>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</p>	<p>Answer options</p> <p>MULTI-SELECT SCOPE: PREFILLED</p> <p>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</p> <p>And 5 other [13]</p>	<p>s4_re1_leaders_other</p>
<p>Additional information:</p> <p>"I" – Question instruction "E" – Enabling condition "V1" – Validation condition №1 "M1" – Message for validation №1 "F" – Filter in Categorical questions</p>	<p>Link to full set in appendix</p>		

Breadcrumbs

Type or roster	Roster Title
CHAPTER 3 IDENTIFICATION / Roster:	LEADER RELATION DETAILS generated by fixed list:
01	Ward Livestock Officer
02	Village Livestock Officer
99	Other (specify)

List items