

TOOL: DIRECT OBSERVATION

TOOL Y: HYPERTENSION DIRECT OBSERVATION CHECKLIST

Questionnaire # -----

1. General information						
C5.1	Facility name		C5.2	Facility number		
C5.3	Observer number		C5.4	Today's date (day/month/year)		
<p><i>FIND A HEALTH WORKER INVOLVED IN PROVISION OF SERVICES TO ADULTS WITH HYPERTENSION DISEASES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. BEFORE OBSERVING THE CONSULTATION, MAKE SURE TO OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. ALSO MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</i></p> <p><i>READ ORAL CONSENT SCRIPT TO HEALTH WORKER.</i></p> <p><i>"HELLO. I AM FROM THE MINISTRY OF HEALTH. I AM HERE WITH MY COLLEAGUES TO DO A STUDY ABOUT PEOPLE WITH HYPERTENSION, AND HOW THEY ARE ROUTINELY ASSESSED AND TREATED IN HEALTH FACILITIES. A MEMBER OF OUR TEAM WOULD LIKE TO OBSERVE THE CONSULTATION BETWEEN YOU AND HEALTH WORKER. THERE ARE NO RISKS OR DIRECT BENEFITS TO YOU FROM PARTICIPATING IN THE SURVEY BUT YOUR PARTICIPATION WILL CONTRIBUTE TO IMPROVING HEALTH SERVICES IN THIS AND OTHER FACILITIES. PLEASE BE ASSURED THAT THE INFORMATION WILL BE CONFIDENTIAL AND YOU MAY CHOOSE TO STOP YOUR PARTICIPATION AT ANY TIME.</i></p> <p><i>AT THIS TIME, DO YOU WANT TO ASK ME ANYTHING ABOUT THIS SURVEY?</i></p> <p>C5.5 Ask health worker - Do I have your permission to be present at this consultation?</p> <p><input type="checkbox"/> Yes, consent is given → go to C5.6</p> <p><input type="checkbox"/> No, consent is not given → observation of this health worker must <u>END</u>; if available, approach another health worker for participation.</p>						
C5.6	Health worker number (from staff listing)		C5.7	Sex of health worker	Male	1
					Female	2
C5.8	Health worker category		C5.9	Client code		
				START CLIENT CODE AT 1 FOR EACH NEW FACILITY VISITED		
A	Family Physician	1	C.5.9 A	Age of the patient	YES	NO
B	Internist (repanebr)	2		<40 years	1	0
C	Family Nurse	3		40- < 55 years	1	0
D	Feldsher	4		55 - <65 years	1	0
E	Other (please specify)	99		≥ 65 years	1	0

<p><i>READ ORAL CONSENT SCRIPT TO CLIENT.</i></p>						

"HELLO. I AM FROM THE MINISTRY OF HEALTH. I AM HERE WITH MY COLLEAGUES TO DO A STUDY ABOUT PEOPLE WITH HYPERTENSION, AND HOW THEY ARE ROUTINELY ASSESSED AND TREATED IN HEALTH FACILITIES. A MEMBER OF OUR TEAM WOULD LIKE TO OBSERVE THE CONSULTATION BETWEEN YOU AND HEALTH WORKER. THERE ARE NO RISKS OR DIRECT BENEFITS TO YOU FROM PARTICIPATING IN THE SURVEY BUT YOUR PARTICIPATION WILL CONTRIBUTE TO IMPROVING HEALTH SERVICES IN THIS AND OTHER FACILITIES. PLEASE BE ASSURED THAT THE INFORMATION WILL BE CONFIDENTIAL AND YOU MAY CHOOSE TO STOP YOUR PARTICIPATION AT ANY TIME.

AT THIS TIME, DO YOU WANT TO ASK ME ANYTHING ABOUT THIS SURVEY?

C5.9 Ask client Do I have your permission to be present while you are receiving services today?

☐ Yes, consent is given → go to C5.10

☐ No, consent is not given → observation of this client must END; if available, approach another client for participation.

Record the time that consultation started	/-----/ : /-----/ /hour / : / minute /
Record the time that consultation ended THIS SECTION IS FILLED IN AFTER COMPLETION OF THE CONSULTATION	/-----/ : /-----/ /hour / : / minute /

#	Question	Yes	No	Go to
2	Assessment			
RECORD WHETHER THE HEALTH WORKER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS:				
The health worker may not follow the order of actions presented in the checklist. For this reason, be prepared to jump around the checklist and to complete it in a non-sequential fashion. In order to do this effectively, complete all the questions with positive or 'yes' responses, as well as the classification and treatment sections during the clinical interaction, and then at the end of the consultation go back and complete all the negative 'no' responses				
C5.10	Did the health worker greet the client (and others present) in a friendly and respectful manner?	1	0	
C5.11	Did the health worker introduce her/himself and title	1	0	
C5.12	Did the health worker call the client by her appropriate name or appropriate title?	1	0	
C5.13	Did the health worker ask about or the client mentions any of the following?			
01)	Patient's age	1	0	
02)	Patient's problems (symptoms)	1	0	
03)	When for the first time when such symptoms were presented	1	0	
04)	Measure blood pressure	1	0	
05)	Nausea	1	0	
06)	Vomiting	1	0	
07)	Oliguria	1	0	
08)	Vision problems	1	0	
09)	Chest pain	1	0	
10)	Smoking status	1	0	
11)	Alcohol intake, quantity and frequency	1	0	
12)	Family history of premature coronary heart disease or stroke	1	0	
13)	Diabetes status (absence /presence)	1	0	
14)	Measures weight	1	0	
15)	Ask whether the patient has kidney diseases	1	0	

16)	Lifestyle /physical activity	1	0	
17)	Food intake/diet	1	0	
18)	Weight gain/loss	1	0	
19)	Presence of kidney diseases	1	0	
20)	Taking antihypertensive therapy	1	0	
21)	Taking other medicines	1	0	
22)	Other not listed above	1	0	
C5.17	Did the health worker wash his/her hands with soap or use sanitizer prior to examination	1	0	
C5.18	Did the health worker perform any of the following procedures?			
01)	Weigh the client	1	0	
02)	Take the client's blood pressure	1	0	
02a)	Take client's blood pressure in sitting or lateral position	1	0	
02b)	Take blood pressure with arm at heart level	1	0	
03)	Examine hands for edema	1	0	
04)	Assess pulse	1	0	
05)	A urine sample for estimation of the albumin: creatinine ratio and testing for haematuria using a reagent strip	1	0	
06)	A blood sample to measure plasma glucose, electrolytes, creatinine, estimated glomerular filtration rate, serum total cholesterol and hdl cholesterol	1	0	
07)	Total blood cholesterol	1	0	
08)	Other not listed above	1	0	
3	Classification			
#	Question	Yes	No	Go to
C5.19	Did the health worker proceed to estimate 10-year cardio vascular risk?	1	0	NO → C.5.22
C5.20	Did the health worker follow the steps given below:			
<i>Watch the health worker attentively and circle first only those steps that were carried out by the health worker. After completion of the consultancy go back to this questions and circle those steps that have not been observed.</i>				
01)	SELECT APPROPRIATE CHART DEPENDING ON THE PRESENCE OR ABSENCE OF DIABETIS	1	0	
02)	SELECT MALE OR FEMALE TABLES	1	0	
03)	SELECT SMOKER/NON-SMOKER BOXES	1	0	
04)	SELECT AGE BOX	1	0	
05)	WITHIN THE BOX FIND NEAREST CELL WHERE THE INDIVIDUALS SYSTOLIC BLOOD PRESSURE (mmHg) AND TOTAL BLOOD CHOLESTEROL LEVEL (mmol/l) CROSS	1	0	
06)	INFORMED PATIENT ON POTENTIAL CARDIO VASCULAR RISK IDENTIFIED BASED ON THE 10 YEAR CVD RISK CHART	1	0	
C.5.21	Please record the CVD risk level defined for this patient by the health worker			
<i>The health worker may not tell the patient about the level of the risk. Therefore this question can be answered and recorded only after completion of the consultation. Ask the health worker about the risk level of CVD defined for this patient and record the answer accordingly.</i>				
01)	<10%	1		
02)	10% - < 20%	2		
03)	20% - <30%	3		
04)	30% - < 40%	4		
05)	≥40%	5		
4	Treatment			
#	Question	Yes	No	Go to
C.5.22	What treatment did the health worker prescribe to the			

	patient?			
01)	ANTIHYPERTENSIVE DRUGS	1	0	
02)	LIPID LOWERING DRUGS (STATINS):	1	0	
03)	HYPOGLYCEMIC DRUGS:	1	0	
04)	ANTIPLATELETE DRUGS	1	0	
05)	HORMONE REPLACEMENT	1	0	
06)	VITAMIN B	1	0	
07)	VITAMIN C	1	0	
08)	VITAMIN E	1	0	
09)	FOLIC ACID SUPPLEMENTS	1	0	
5	Communication			
C.5.22	Did the health worker give the patient any of the following advice?	1	0	
01)	STRONGLY ADVISED TO QUIT SMOKING	1	0	
02)	STRONGLY ENCOURAGED TO REDUCE TOTAL FAT AND SATURATED FAT INTAKE	1	0	
03)	STRONGLY ENCOURAGED TO REDUCE DAILY SALT INTAKE	1	0	
04)	ADVISED TO EAT AT LEAST 400 gr PER DAY A RANGE OF FRUITS, VEGETABLES, AS WELL AS WHOLE GRAINS AND PULSES	1	0	
05)	STRONGLY ENCOURAGED 30 MINUTES PER DAY OF MODERATE PHYSICAL ACTIVITY (E.G. WALKING)	1	0	
06)	IF OBESSED ENCOURAGED A WEIGHT LOSS	1	0	
07)	TO REDUCED ALCOHOL INTAKE/ AVOID UNHEALTHY ALCOHOL USE	1	0	
08)	AGREED ON THE FOLLOW-UP VISIT	1	0	
END THE OBSERVATION				

TREATMENT STANDARDS	
Antihypertensive drugs: All individuals with blood pressure at or above 160/100 mmHg, or less degree of raised blood pressure with target organ damage, should have drug treatment and lifestyle advice to lower their blood pressure and risk of cardiovascular diseases. All individuals with blood pressure below 160/100 mmHg, or with no target organ damage need to be managed according to cardiovascular risk assessment chart.	
Lipid lowering drugs (statins): All individuals with total cholesterol at or above 8mmol/l (320mg/dl) should be advised to follow lipid-lowering diet and give a statin to lower the risk of cardiovascular disease. All other individuals need to be managed according to cardiovascular risks.	
<10%	Antihypertensive drugs: Individuals with persistent blood pressure $\geq 140/90$ mmHg should continue lifestyle strategies to lower blood pressure and have their blood pressure and total cardiovascular risk re-assessed every 2-5 years depending on clinical circumstances and resource availability. Lipid lowering drugs (statins): should be advised to follow lipid lowering diet Antiplatelet drugs: Aspirin should not be given in this risk category
10% - < 20%	Antihypertensive drugs: individuals with persistent blood pressure $\geq 140/90$ mmHg should continue lifestyle strategies to lower blood pressure and have their blood pressure and total cardiovascular risk re-assessed annually depending on clinical circumstances and resource availability Antihypertensive drugs Lipid lowering drugs (statins): should be advised to follow lipid lowering diet Antiplatelet Antiagregant drugs: Aspirin should not be given in this risk category
20% - <30%	Antihypertensive drugs: Individuals with persistent blood pressure $\geq 140/90$ mmHg who are unable to lower their blood pressure through lifestyle strategies within 4-6 month, should be considered for one of the following drugs: Thiazide like diuretic, ACE inhibitor, Calcium channel blocker, beta-blocker. A low dose thiazide - like diuretic, ACE inhibitor and Calcium channel blocker is recommended as first line therapy. Antihypertensive Lipid lowering drugs (statins) drugs: Adult >40 years with persistent high serum cholesterol (>5mmol/l) and/or LDL cholesterol > 3mmol/l, despite lipid lowering diet, should be given a statin. Antiplatelet Antiagregant drugs: Aspirin should not probably be given in this risk category
$\geq 30\%$	Antihypertensive drugs: Individuals with persistent blood pressure $\geq 130/80$ mmHg should be given one of the following drugs: Thiazide like diuretic, ACE inhibitor, Calcium channel blocker, beta-blocker. A low dose thiazide - like diuretic, ACE inhibitor and Calcium channel blocker is recommended as first line therapy. Antihypertensive Lipid lowering drugs (statins) drugs: Individuals in this risk category should be advised to follow lipid-lowering diet and give statin. Serum cholesterol should be lowered less than 5mmol/l, (LDL cholesterol less than 3mmol/l, or by 25% (30% LDL cholesterol) which ever is higher. Antiplatelet Antiagregant drugs: Aspirin should be given in this risk category
Hypoglycemic drugs: Individuals with persistent fasting blood glucose >6mmol/l despite diet control should be given hypoglycemic drugs.	
DRUGS THAT ARE NOT RECOMMENDED: Hormone Replacement, Vitamin B, C & E, Folic Acid Supplements	

TOOL: OBSERVATION CHECKLIST OF CHILDREN FROM 2 MONTH UP TO 5 YEARS

Questionnaire # -----

1. General information					
C6.1	Facility name		C 6 . 2	Facility number	
C.3	Observer number		C 6 . 4	Today's date (day/month/year)	
<p>FIND A HEALTH WORKER INVOLVED IN ANTENATAL CARE SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, PROCEED TO A5. BEFORE OBSERVING THE CONSULTATION, MAKE SURE TO OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. ALSO MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p> <p>READ ORAL CONSENT SCRIPT TO HEALTH WORKER.</p> <p>"HELLO. I AM FROM THE MINISTRY OF HEALTH AND SOCIAL PROTECTION. I AM HERE WITH MY COLLEAGUES TO DO A STUDY ABOUT THE CHILDREN WITH COMMON ILLNESSES, AND HOW THEY ARE ROUTENTLY ASSESSED AND TREATED IN HEALTH FACILITIES. A MEMBER OF OUR TEAM WOULD LIKE TO OBSERVE THE CONSULTATION BETWEEN YOU AND HEALTH WORKER. THERE ARE NO RISKS OR DIRECT BENEFITS TO YOU FROM PARTICIPATING IN THE SURVEY BUT YOUR PARTICIPATION WILL CONTRIBUTE TO IMPROVING HEALTH SERVICES IN THIS AND OTHER FACILITIES. PLEASE BE ASSURED THAT THE INFORMATION WILL BE CONFIDENTIAL AND YOU MAY CHOOSE TO STOP YOUR PARTICIPATION AT ANY TIME.</p> <p>AT THIS TIME, DO YOU WANT TO ASK ME ANYTHING ABOUT THIS SURVEY?</p> <p>C6.5 Ask health worker Do I have your permission to be present at this consultation?</p> <p><input type="checkbox"/> Yes, consent is given → go to C6.6</p> <p><input type="checkbox"/> No, consent is not given → observation of this health worker must <u>END</u>; if available, approach another health worker for participation.</p>					
C6.6	Health worker number (from staff listing)		C6. 7	Sex of health worker	Male 1 Female 2
C6.8	Health worker category		C6. 9	Client code	START CLIENT CODE AT 1 FOR EACH NEW FACILITY VISITED
A	Family Physician	1			
B	Obstetrician/Gynecologist	2			
C	Midwife	3			
D	Family Nurse	4			
E	Feldsher	5			
F	Other (please specify) -----	99			
<p>READ ORAL CONSENT SCRIPT TO CLIENT.</p> <p>"HELLO. I AM FROM THE MINISTRY OF HEALTH. I AM HERE WITH MY COLLEAGUES TO DO A STUDY ABOUT THE CHILDREN WITH COMMON ILLNESSES, AND HOW THEY ARE ROUTENTLY ASSESSED AND TREATED IN HEALTH FACILITIES. A MEMBER OF OUR TEAM WOULD LIKE TO OBSERVE THE CONSULTATION BETWEEN YOUR CHILD AND HEALTH</p>					

WORKER. THERE ARE NO RISKS OR DIRECT BENEFITS TO YOU FROM PARTICIPATING IN THE SURVEY BUT YOUR PARTICIPATION WILL CONTRIBUTE TO IMPROVING HEALTH SERVICES IN THIS AND OTHER FACILITIES. PLEASE BE ASSURED THAT THE INFORMATION WILL BE CONFIDENTIAL AND YOU MAY CHOOSE TO STOP YOUR PARTICIPATION AT ANY TIME.

AT THIS TIME, DO YOU WANT TO ASK ME ANYTHING ABOUT THIS SURVEY?

C6.9 a: Ask client Do I have your permission to be present while you are receiving services today?

☐ Yes, consent is given → go to C.6.10

☐ No, consent is not given → observation of this client must END; if available, approach another client for participation.

Record the time that consultation started	/-----/ : /-----/ /hour / : / minute /
Record the time that consultation ended THIS SECTION IS FILLED IN AFTER COMPLETION OF THE CONSULTATION	/-----/ : /-----/ /hour / : / minute /

2 Assessment

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS:

The health worker may not follow the order of actions presented in the checklist. For this reason, be prepared to jump around the checklist and to complete it in a non-sequential fashion. In order to do this effectively, complete all the questions with positive or 'yes' responses, as well as the classification and treatment sections during the clinical interaction, and then at the end of the consultation go back and complete all the negative 'no' responses

Question	Yes	No	Go to
C6.10 Did the health worker greet the client (and others present) in a friendly and respectful manner?	1	0	
C6.11 Did the health worker introduce her/himself and title (midwife, nurse, etc.)	1	0	
C6.12 Did the health worker call the client by her appropriate name or appropriate title?	1	0	
C6.12.1 Did the health worker asked:			
A Patient name and surname	1	0	
B Patient's gender	1	0	
C Patient's age (years and/or months)	1	0	
C6.13 Did the health worker ask any history-taking questions or the client mentions any of the following? (CIRCLE ALL THAT APPLY)	1	0	NO ► C6.15
C6.13-1 Does the patient have Diarrhea ?	1	0	NO ► C6.13-2
A Number of liquid stools within last 24 hours	1	0	
B For how long child has diarrhea	1	0	
C Presence of blood in stool	1	0	
D Presence of vomiting	1	0	
E Frequency of vomiting per 24 hours	1	0	
F Ability to drink or breastfeed	1	0	
G Volume of liquid received by a child per 24 hours	1	0	
C6.13-2 Does the patient have fever?	1	0	NO ► C6.13-3
A Child has a runny nose	1	0	
B For how long child has fever	1	0	
C The child has stiff neck	1	0	
D Presence of vomiting	1	0	
E Child had measles in past 3 months	1	0	

F	The child been in Malaria zone during a year	1	0	
H	Presence of ear problems	1	0	
I	Ability to drink or breastfeed	1	0	
C6.13-3	Does the patient Cough and or breathing difficulties ?	1	0	NO ► C6.13-4
A	Duration of cough	1	0	
B	Type of cough (dry, with smear)	1	0	
C	Nasal discharge	1	0	
D	Ability to drink or breastfeed	1	0	
E	Vomiting	1	0	
F	Difficulty in breathing	1	0	
G	Presence of ear problems	1	0	
C6.13-4	Does the patient have Ear problem ?	1	0	NO ► C6.13-5
A	Duration of ear pain	1	0	
B	Ear discharge	1	0	
C	Temperature	1	0	
D	Difficulty in breathing	1	0	
E	Vaccination history	1	0	
C6.13-5	Does the patient lose weight and parent complains a child not eating enough?	1	0	NO ► C6.14
A	Type of food a child receives	1	0	
B	Frequency of feeding	1	0	
C	Weight lost during pas month/week	1	0	
C6.14	Does the health worker check vaccination status of a child?	1	0	NO ► C6.15
C6.15	Does the health worker ask the caretaker the following questions? (CIRCLE ALL THAT APPLY)	1	0	NO ► C6.15
A	Has the child received injection in his/her arm for Tuberculosis?	1	0	
B	Has the child received drops of Oral Polio Vaccine (OPV)?	1	0	
C	Has the child ever received MMR vaccination?	1	0	
D	Has the child ever received HepB vaccination?	1	0	
E	Do you have a vaccination card?	1	0	NO ► C6.16
F	Has the health worker checked vaccination status by looking in the medical card?	1	0	
C6.16	Did the health worker assess child's General condition on: (CIRCLE ALL THAT APPLY)	1	0	NO ► C6.17
A	Measured temperature	1	0	
B	Examined radial pulse	1	0	
C	Examined skin (pinch)	1	0	
D	Examined ability to drink or breastfeed	1	0	
E	Observed on difficulty in breathing	1	0	
F	Examined the presence of ear problems	1	0	
G	Check for lethargy or unconsciousness (try to wake up the child)	1	0	
H	Check for visible severe wasting	1	0	
I	Look for edema of both feet	1	0	
K	Observed Stridor	1	0	
L	Observed Mouth ulcers	1	0	
M	Examines on ear infection	1	0	
N	Examined on eye infection	1	0	
O	Performed auscultation	1	0	

C6.17	Did the health worker took Weight and height measurement of a child?	1	0	NO ► C6.20
C6.18	Did the health worker perform the following:	1	0	
A	Checked condition of the weight	1	0	
B	Weighted a child	1	0	
C	Recorded weight in the patient's medical card	1	0	
D	Measured height correctly	1	0	
E	Recorded height in the medical card of the patient	1	0	
C6.19	Did the medical worker perform weight to height comparison?	1	0	NO ► C6.20
A	Recorded weight on the Growth Monitoring Chart	1	0	
B	Recorded Height on the Growth Monitoring Chart	1	0	
C	Calculated Body Mass Index of a child	1	0	
3	Classification			
C6.20	Did the health worker inform the parent of a child about diagnosis?	1	0	NO ► C6.22
C6.21	What was the diagnosis communicated to parent:			
<i>If the caretaker is not informed about diagnosis, do not intervene asking about diagnosis. This question can be asked when the visit is over and filled in accordingly.</i>				
C6.21-A	Diarrhea	1	0	NO ► C6.21-B
C6.21-A1	Was degree of Dehydration defined and recorded:	1	0	NO ► C6.21-B
A	Severe Dehydration	1	0	
B	Some Dehydration	1	0	
C	No Dehydration - Not enough signs to classify as some or severe dehydration	1	0	
D	Severe Persistent Diarrhea	1	0	
E	Persistent Diarrhea	1	0	
F	Blood in Stool	1	0	
C6.21-B	Ear Problems	1	0	NO ► C6.21-C
C6.21-B1	Did the health worker classify:			NO ► C6.21-C
A	Mastoiditis	1	0	
B	Acute Ear Infection	1	0	
C	Chronic Ear Infection	1	0	
D	No Ear Infection	1	0	
C6.21-C	Fever	1	0	NO ► C6.21-D
C6.21-C1	Did the health worker classify:			NO ► C6.21-D
A	Severe complicated measles	1	0	
B	Measles with eye or mouth complications	1	0	
C	Measles	1	0	
D	Severe Febrile disease	1	0	
E	Simple fever	1	0	
F	Malaria	1	0	
C6.21-D	Malnutrition and Anemia	1	0	NO ► C6.21-E
A	Severe malnutrition or severe anemia	1	0	NO ► C6.21-E
B	Anemia or very low weight	1	0	
C	No anemia and not very low weight	1	0	
C6.21-E	Healthy Child	1	0	
<i>Pay attention whether the health worker examines the vaccination status of a child by either asking the caretaker or checking the vaccination card of a child</i>				
C6.21-E1	Did the health worker assess the child's vaccination status?	1	0	NO ►
<i>Pay attention whether the health worker examines the vaccination status of a child by either asking the caretaker or checking the vaccination card of a child</i>				
C6.21-E2	Was the immunization due according vaccination schedule?	1	0	NO ► C6.21-E35

C6.21-E3	Has the decision been made by the health worker to immunize a child the same day?	1	0	YES ► END
C6.21-E4	What were the reasons for postponing the vaccination:			
A	Diarrhea	1	0	
B	Fever	1	0	
C	Cough	1	0	
D	Fast/difficult breathing/pneumonia	1	0	
E	Throat problems	1	0	
F	Ear Problem	1	0	
G	Unable of drink/breastfeed, vomiting everything, convulsions, lethargic/unconscious	1	0	
H	AIDS	1	0	
I	Not applicable according to the schedule	1	0	
K	OTHER (SPEIFY)	1	0	
C6.21-E35	Has the follow up visit scheduled for vaccination?	1	0	

Vaccine	Age group	
		Booster
Polio	In Birth during 24 hours, 2, 3, 4 and 12 months	-
Hepatitis «B»	In Birth during 24 hours	-
Pentavalent (DPT, Hib and Hepatitis B)	2, 3 and 4 months	-
BCG	3-5 days after birth	6, 16 years
MR	12 months***	6 years
DPT		16 – 22 months
DT*		6 years*
DTM*		16, 26, 36, 46 and 56 years*

4. Treatment

C6.22	Has the patient being:	Yes	No	Go to
A	Urgently referred to the hospital	1	0	YES ► C6.22.C
B	Referred for specialist consultation	1	0	YES ► C6.22.C

Please record whether the treatment was initiated and/or prescribed by the health worker if the child was not referred to hospital or for specialist consultation

C	Treatment initiated /prescribed in the clinic	1	0	YES ► C6.23
D	No treatment initiated by the health worker	1	0	NO ► C6.25

C6.23	Was the health worker initiated treatment (listed below) according to the age of a child?: CIRCLE ALL THAT APPLY			
A	Administered IV fluid immediately with right dosage	1	0	

AGE	First give 30 ml/kg in:	Then give 70 ml/kg in:
Infants (under 12 months)	1 hour	5 hours
Children (12 months up to 5 years)	30 minutes	2 1/2 hours

B	Gave ORS with right dosage	1	0	
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WEIGHT	< 6 kg	6 - <10 kg	10 - <12 kg	12 - 19 kg
AGE*	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
In ml	200 - 450	450 - 800	800 - 960	960 - 1600

* Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75

C	Prescribed Zinc supplements with right dosage	1	0	
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2 months up to 6 months		1/2 tablet daily for 14 days	
6 months or more		1 tablet daily for 14 days	
D	Gave the First dose of antibiotic with right dosage	1	0

AGE or WEIGHT	AMPICILLIN 500 mg vial	GENTAMICIN 2ml/40 mg/ml vial
2 up to 4 months (4 - <6 kg)	1 ml	0.5-1.0 ml
4 up to 12 months (6 - <10 kg)	2 ml	1.1-1.8 ml
12 months up to 3 years (10 - <14 kg)	3 ml	1.9-2.7 ml
3 years up to 5 years (14 - 19 kg)	4 ml	2.8-3.5 ml

E	Prescribed Vitamin A	1	0
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AGE	VITAMIN A DOSE
6 up to 12 months	100 000 IU
One year and older	200 000 IU

F	Prescribed Iron	1	0
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AGE or WEIGHT	IRON/FOLATE TABLET	IRON SYRUP
	Ferrous sulfate 200 mg +250 Folate (60 mg elemental iron)	Ferrous fumarate 100 mg per 5 ml (20 mg elemental iron per ml)
2 months up to 4 months (4 -<6 kg)		1.00 ml (< 1/4 tsp.)
4 months up to 12 months (6 - <10 kg)		1.25 ml (1/4 tsp.)
12 months up to 3 years (10 - <14 kg)	1/2 tablet	2.00 ml (<1/2 tsp.)
3 years up to 5 years (14 – 19kg)	1/2 tablet	2.5 ml (1/2 tsp.)

G	Tetracycline eye ointment applied	1	0
H	Mouth ulcers treated with gentian violet	1	0
I	Paracetamol given for high fever (38,5 ⁰ C or above)	1	0
K	Child treated to prevent low blood sugar	1	0
L	Supportive treatment prescribed	1	0
M	Medicated nose drops	1	0
N	Remedies containing atropine	1	0
C6.24	Did the health provider wash hands before initiation of examination and treatment?	1	0

COUNSELING AND EDUCATION				
<i>This section looks at whether the provider counsels the caretaker and provides the appropriate messages. Listen and record the appropriate answer; YES, if the provider explains/informs the caretaker on the topics listed or NO, if the provider does not mention topics/issues listed</i>				
#	Question	Yes	No	Go to
C6.25	Told the caretaker the reason for giving the drug to the child	1	0	
C6.26	Did the health worker explain how to administer an oral treatment?	1	0	
C6.27	Did the health worker demonstrate how to measure a dose?	1	0	
C6.28	Did the health worker watch the caretaker practice measuring a dose by herself/himself	1	0	
C6.29	Did the health worker ask questions in order to know if the caretaker has understood how to administer the oral treatment?	1	0	
C6.30	Did the health worker explained that all the oral drug tablets or syrups must be used to finish the course of treatment, even if the child gets better	1	0	
C6.2931	Did the health worker write or tell the caretaker the date for child follow up visit?	1	0	
C6.32	After how many days did the health worker ask the	1	0	

	accompanying adult to come back?			
A	3 days	1	0	
B	5 days	1	0	
C	14 days	1	0	
D	30 days	1	0	
E	OTHER (Specify) -----	98	98	
C6.33	Did the health worker explain the importance of giving liquids or continue home breastfeeding?	1	0	
C6.34	Did the health worker explain to the caregiver the importance of continuing feeding and breastfeeding when the child is sick?	1	0	
C6.35	Did the health worker provide appropriate advice on the child's feeding according to the child's age: ?	1	0	NO ► C6.34
<i>Advise on feeding depends on the age of the child. If the answer on Q C6.33 is "YES", respond to questions listed under relevant age group of a child.</i>				
C6.35.1	Child 1 week up to 6 months	1	0	NO ► C6.35.2
A	To breastfeed as often as child wants. Look for signs of hunger, such as beginning to fuss, sucking fingers, or moving lips	1	0	
B	Breastfeed day and night whenever baby wants, at least 8 times in 24 hours.	1	0	
C	Do not give other foods or fluids.	1	0	
C6.35.2	Child 6 up to 9 months	1	0	NO ► C6.35.3
A	To breastfeed as often as child wants.	1	0	
B	Also give thick porridge or well mashed foods, including animal source foods and vitamin A-rich fruits and vegetables	1	0	
C	Give 2 to 3 meals each day	1	0	
D	Offer 1 or 2 snacks each day between meals when the child seems hungry	1	0	
C6.35.3	Child 9 up to 12 months	1	0	NO ► C6.35.4
A	To breastfeed as often as child wants.	1	0	
B	Also give a variety of mashed or finely chopped family food, including animal source foods and vitamin A-rich fruits and vegetables	1	0	
C	Give 1/2 cup at each meal (1 cup = 250 ml).	1	0	
D	Give 3 to 4 meals each day	1	0	
E	Offer 1 or 2 snacks between meals.	1	0	
C6.35.4	Child 12 months up to 2 years	1	0	NO ► C6.35.5
A	To breastfeed as often as child wants.	1	0	
B	Also give a variety of mashed or finely chopped family food, including animal source foods and vitamin A-rich fruits and vegetables	1	0	
C	Give 1/2 cup at each meal (1 cup = 250 ml).	1	0	
D	Give 3 to 4 meals each day	1	0	
E	Offer 1 or 2 snacks between meals.	1	0	
F	Feed your child slowly and patiently. Encourage to eat but do not force	1	0	
C6.35.5	Child 2 years and older	1	0	
A	Give a variety of family foods to child including animal source foods and vitamin A-rich fruits and vegetables	1	0	
B	Give at least 1 full cup (250 ml) at each meal	1	0	
C	Give 3 to 4 meals each day	1	0	
D	Offer 1 or 2 snacks between meals.	1	0	

C6.36	Did the health worker inform and explain to caretaker how treat local infections at home?	1	0	
C6.37	Did the health worker explain in the presence of which signs/problems the child has to be immediately brought to the health center?	1	0	NO ► END
C6.38	Which signs/problems did the health worker mention?			
C6.38.1	Any sick child	1	0	
A	Not able to drink or breastfeed	1	0	
B	Becomes sicker	1	0	
C	Develops a fever	1	0	
C6.38.2	If child has COUGH OR COLD, also return if:	1	0	
A	Fast breathing	1	0	
B	Difficult breathing	1	0	
C6.38.3	If child has diarrhea, also return if:	1	0	
A	Blood in stool	1	0	
B	Drinking poorly	1	0	
END				