Health Results Based Financing
NIGERIA
2014
Health Facility Questionnaire
HF4 - Direct Observations for Children Under 5

STATE		Code	
LGA		Code	
Ward		Code	
Facility Name		Facility No.	
Facility type	1= Primary, 2= Secondary	Code	
Ownership	1= Public	Code	1
Patient Name		Number	

GPS COORDINATES OF HEALTH FACILITY												
LATITUDE (NORTH)						.						
LONGITUDE (EAST)						.						

Translator Used?

MOBILE PHONE SIGNAL AVAILABLE AT FACILITY?		
Yes	1	
No	2	

LANGUAGE			
ENGLISH	1	IGBO	4
HAUSA	2	OTHER, SPECIFY:	8
YORUBA	3		

INTERVIEW	
RESPONDENT	

NEVER	1
SOMETIMES	2
ALWAYS	3

HEALTH FACILITY TYPE CODE	Code

Health Facility Type (enter code)

11: Basic Primary Health Center	21: Cottage Hospital
12: Model Primary Health Center	22: Other secondary
13: Comprehensive Primary Health Center	31: General Hospital
14: Health Post	32: Other tertiary
19: Other Primary Health Center	

RESULT OF THE DIRECT OBSERVATION

OBSERVATION DONE	01
PARTIALLY COMPLETED	02
PERSON IN CHARGE REFUSED TO PARTICIPATE	03
PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)	04
FACILITY IS EMPTY (NO STAFF MEMBERS)	05
HEALTH FACILITY NOT FOUND	06
PATIENT REFUSED TO PARTICIPATE	51
OTHER, SPECIFY:	96

INTERVIEWER	CODE	Obser-vation

DAY	MONTH	YEAR

START TIME	END TIME

SUPERVISOR	CODE

DAY	MONTH	YEAR

DATA ENTRY OPERATOR	CODE

DAY	MONTH	YEAR

Patient or family member—Direct Observation

Instructions for the Interviewer*: The following is to be read verbatim to the client prior to the consultation and interview. If the subject then agrees to participate, you must sign on the line marked "Witness to Consent Procedures" at the end of this form. Also mark the date on the appropriate line.*

Purpose of research: The purpose of the study is to better understand the health service quality received by patients at government health facilities. We will observe and/or ask you some questions about your experiences as a client of health services. This information will help the Government and its partner organizations to provide better health care to the population.

Study Investigators: This study is being conducted by the Federal Ministry of Health in cooperation with the National Bureau of Statistics (NBS) and the World Bank. This study is sponsored by the World Bank, Washington DC, USA

Expected duration of research and of participant(s)' involvement: The observation should not take more than half an hour. During the observations, research study staff will observe the services you receive from the facility. The survey staff may or may not ask you any question during the observations.

Risks/discomforts: There is no risk in participating in this study. You may feel uncomfortable by the presence of outside observer.

Costs to the participants: Your participation in this research will not cost you anything in money terms.

Benefit(s): You or others participating in this survey will not be paid for being in this study. There is no immediate or direct benefit to you for participating in the survey. However, the information collected through the survey will help the Government and other organizations to provide better health care.

Confidentiality: Your personal information will not be shared with anyone other than the persons involved with this study. Any report or publication from the study will provide summary information and you will not be identified in any reports or publications by any means. The honesty of your answers is very important.

Voluntariness: Your participation in this study is voluntary and you may decide not to participate. You have the right not to allow the study staff to observe the services you receive or you can discontinue participation at any stage during this observation. Your decision will not result in any penalty or loss of benefits in any way.

Your participation in this study may be stopped at any time by the study staff or the sponsor without your consent for any of the following reasons: (a) if it is in your best interest; (b) or for any other reason.

Questions: If you have any questions, please feel free to ask the interviewer at any time during the interview. OR contact:
Project Director, NBS, Email: mosalami_nbs@yahoo.com; Phone: 08072377722
Desk Officer for NHREC, Email: deskofficer@nhrec.net ; Phone: 08065479926

Do not agree to be in this research unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of person obtaining informed consent:

I have fully explained this research to _____ and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE: _____ SIGNATURE: _____

NAME: _____

Statement of person giving consent:

I have read the description of the research or have had it translated into and/or read to me in a language I understand. I understand that my participation is voluntary. Based on the information about the research, I have decided to participate in the study. I understand that I may freely stop being a part of this study at any time.

DATE: _____ SIGNATURE: _____

NAME: _____

WITNESS' SIGNATURE (if applicable): _____

WITNESS' NAME (if applicable): _____

(2.00)	*Section 2: History taking, examination, counseling and treatment for Under-five children*		RECORD RESPONSES
(2.01)	PATIENT NAME		
(2.02)	PATIENT CODE		
(2.03)	TIME OF ENTRY IN THE CONSULTATION ROOM	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.	
(2.04)	TIME WHEN SERVICE PROVISION STARTED	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.	
(2.05)	PATIENT AGE IN MONTHS	IF LESS THAN A MONTH, WRITE 00	
(2.06)	NAME OF HEALTHCARE PROVIDER		
(2.07)	HEALTHCARE PROVIDER SERIAL NUMBER FROM ROSTER		
(2.08)	IS THE HEALTHCARE PROVIDER MALE OR FEMALE?	MALE 1, FEMALE=2	
(2.09)	FROM ROSTER, RECORD HEALTHCARE PROVIDER CATEGORY AND CODE (WRITE TYPE IN NEXT COLUMN)	HEALTH WORKER CATEGORY	
(2.10)	DOES HEALTHCARE PROVIDER GREET PATIENT AND/OR CARETAKER?	Yes=1 NO=2	
(2.11)	DOES HEALTHCARE PROVIDER WASH HANDS WITH SOAP AND WATER BEFORE EXAMINING THE PATIENT?	Yes=1 NO=2	
(2.12)	DID THE HEALTHCARE PROVIDER ASK AGE OF PATIENT?	Yes=1 NO=2	
(2.13)	DOES HEALTHCARE PROVIDER ASK ABOUT NATURE OF COMPLAINT?	Yes=1 NO=2	
(2.14)	PRIMARY COMPLAINT FOR BRINGING IN THE CHILD RECORD ONLY ONE PRIMARY COMPLAINT	Diarrhea 1 Fever 2 Cough/ difficult breathing 3 Skin Disease 4 Tonsillitis/ Sore throat 5 Otitis media/ Pain in ear 6 Injury 7 Other 8 Specify	
(2.15)	OTHER COMPLAINTS ASSOCIATED WITH PRIMARY RECORD "1" FOR YES or "2" FOR NO FOR ALL OPTIONS Yes…..1 No……2	a. Diarrhea b. Fever c. Cough/ difficult breathing d. Skin Disease e. Tonsillitis/ Sore throat f. Otitis media/ Pain in ear g. Injury h. Other Specify	
	RECORD "1" FOR YES or "2" FOR NO	**Yes** **No**	
(2.16)	Is the duration of the primary complaint asked?	1 2	
(2.17)	Does someone in the facility weigh the child?	1 2	
(2.18)	Does someone in the facility measure the height of the child?	1 2	
(2.19)	Does someone in the facility plot the child's age for weight?	1 2	
(2.20)	Does the health worker ask whether child is able to drink or breastfeed?	1 2	
(2.21)	Does the health worker ask whether child vomits after feeding or drinking?	1 2	
(2.22)	Does the healthcare provide ask whether child has lethargy or a change in level of consciousness?	1 2	
(2.23)	Does the health worker ask about convulsions?	1 2	

(2.24)	Does the healthcare provider ask about diarrhea?	YES=1 NO=2				
(2.25)	Does the patient have diarrhea?	Yes	1			
		NO	2	▶	**(2.30)**	
		DON'T KNOW	3	▶	**(2.30)**	
	RECORD "1" FOR YES or "2" FOR NO	**Yes**	**No**			RESPONSES
(2.26)	Healthcare provider asked the duration of diarrhea episode	1	2			
(2.27)	Healthcare provider asked if caregiver has noticed blood in stool?	1	2			
(2.28)	Healthcare provider checked dehydration by skin pinch	1	2			
(2.29)	What is the diagnosis mentioned by the healthcare provider for child's diarrhea?	No diagnosis mentioned	1			
		severe dehydration	2			
		some dehydration	3			
		no dehydration	4			
		Severe persistent diarrhoea	5			
		persistent diarrhoea	6			
		Dysentery	7			
		Other(specify)	8			
(2.30)	Does the healthcare provider ask about cough or difficulty breathing?	Yes	1			
		No	2			
(2.31)	Does the patient have cough or difficulty breathing?	YES	1			
		NO	2	▶	**(2.38)**	
		DON'T KNOW	3	▶	**(2.38)**	
	RECORD "1" FOR YES or "2" FOR NO	**Yes**	**No**			
(2.32)	Healthcare provider asked how long the child has cough	1	2			
(2.33)	Healthcare provider asked about stridor or wheezing	1	2			
(2.34)	Healthcare provider checked breathing rate	1	2			
(2.35)	Healthcare provider lifted/removed shirt/clothing for physical checkup	1	2			
(2.36)	Healthcare provider listened with stethoscope	1	2			
(2.37)	What is the diagnosis mentioned by the healthcare provider for child's cough/difficulty in breathing?	No diagnosis mentioned			1	
		Severe Pneumonia/very severe disease			2	
		Pneumonia			3	
		No Pneumonia			4	
		Other			8	
		Specify				
(2.38)	Does healthcare provider ask about fever in the past 24 hours?	Yes	1			
		No	2	▶	**(2.40)**	
(2.39)	Did the patient have fever in the past 24 hours?	YES	1			
		NO	2	▶	**(2.42)**	
		DON'T KNOW	3	▶	**(2.42)**	
	RECORD "1" FOR YES or "2" FOR NO IF THE	**Yes**	**No**			
(2.40)	HEALTHCARE PROVIDER CHECKED TEMPERATURE IN THIS VISIT	1	2			
(2.41)	HEALTHCARE PROVIDER ASKED HOW LONG THE PATIENT HAD FEVER	1	2			
(2.42)	HEALTHCARE PROVIDER ASKED IF PATIENT HAD MEASLES PREVIOUSLY	1	2			
(2.43)	HEALTHCARE PROVIDER CHECKED FONTANELLE (FOR PATIENTS LESS THAN 8 MONTHS)	1	2			
(2.44)	HEALTH WORKER EXAMINED PATIENT EYES	1	2			

(2.45)	HEALTH WORKER LOOKED FOR RUNNY NOSE	1	2		
(2.46)	HEALTH WORKER LOOKED FOR SKIN RASH	1	2		
(2.47)	DIAGNOSIS MENTIONED BY HEALTH WORKER FOR CHILD'S FEVER	No diagnosis mentioned	1		
		Very severe febrile disease	2		
		Malaria	3		
		Fever, Malaria unlikely	4		
		Fever, no malaria	5		
		Severe complicated measles	6		
		Measles with eye / mouth complication	7		
		Measles	8		
		Other	9		
		Specify			
	OBSERVE IF THE HEALTHCARE PROVIDER CHECKED THE FOLLOWING, INDICATE YES OR NO BY RECORDING "1" OR "2"				
(2.48)	Healthcare provider checked and looked inside the ears	Yes=1	No=2		
(2.49)	Healthcare provider looked behind ears	Yes=1	No=2		
(2.50)	Healthcare provider asked if child has ear pain or discharge from ear	Yes=1	No=2		
(2.51)	Healthcare Provider checked the palms of child's hands, or compare these against mother's (anemia)	Yes=1	No=2		
(2.52)	Healthcare provider looked at both feet or both ankles for oedema	Yes=1	No=2		
(2.53)	Door was closed or screen was drawn to ensure patient's privacy	Yes=1	No=2		
	COUNSELING AND TREATMENT				Record responses
(2.54)	Healthcare provider tells mother/caretaker the name of the disease	1	2		
(2.55)	Healthcare provider explains the disease, its causes and/or course(the natural progression of the disease)	1	2		
(2.56)	Healthcare provider explains what the mother/caretaker should do at home for the child	Yes	1		
		No	2	► **(2.58)**	
(2.57)	**Does the health worker recommend:**	**Yes**	**No**	**Not applic**	
a	Give more fluids	1	2	3	
b	Continue or increase feedings and/or breast feeding	1	2	3	
c	Give tepid baths for fever	1	2	3	
d	Keep the child warm	1	2	3	
e	Avoid giving medications other than those prescribed today	1	2	3	
f	Other (specify)	1	2	3	
(2.58)	Does the health worker give mother/caretaker a prescription or medicine today?	Yes	1		
		No	2	► **(2.60)**	
(2.59)	**Does the healthcare provider:**	**Yes**	**No**		
a	Tell mother/caretaker the name of the medicine?	1	2		
b	Explain about how to take the medicine?	1	2		
c	Say what adverse reactions might be expected, and what to do about them?	1	2		
(2.60)	Indicate to the mother/caretaker the signs or symptoms that should prompt return to the clinic?	Yes	1		
		No	2	► **(2.62)**	
(2.61)	**Does the healthcare provider tell the caregiver what to do if**	**Yes**	**No**	**Not applic**	
a	Fever does not go away after certain time	1	2	3	
b	Fever develops	1	2	3	
c	Child is unable to drink or is drinking poorly	1	2	3	

d	Change in consciousness	1	2	3	
e	Diarrhea persists	1	2	3	
f	Blood appears in the stool	1	2	3	
g	Child develops rapid or difficult breathing	1	2	3	
h	Child becomes sicker for any reason	1	2	3	
i	If new symptoms develop	1	2	3	
j	Other (specify)	1	2	3	
(2.62)	**Does the healthcare provider**	**Yes**	**No**	**Not applic**	
a	Tell mother/caretaker when the child is to return for a scheduled check-up (return visit)?	1	2		
b	Tell mother/caretaker to go to another facility (including referral)?	1	2		
c	Explain the reason for referral?	1	2	3	
d	Ask if mother/caretaker has any questions?	1	2		
e	Check the child's immunization card?	1	2		
f	Send the child for immunization(s), if he/ she needs immunization(s)?	1	2	3	
g	Tell mother/caretaker to take child for laboratory test?	1	2	3	
(2.63)	**Does the health care provider:**	**Yes**	**No**		
a	Complete an individual patient record, card or passport?	1	2		
b	Mark a patient tally sheet?	1	2		
c	Make a record in the register book?	1	2		
(2.64)	TIME WHEN THE CONSULTATION ENDED	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.			
(2.65)	WHAT DID THE PATIENT AND CARETAKER DO AFTER COMPLETING THIS CONSULTATION	Waiting area/room	1		
		Another consultation/counseling	2		
		Pharmacy	3		
		Laboratory	4		
		Diagnostic test area	5		
		Admission to inpatient care	6		
		Other areas	7		
		Exit the facility	8		
(2.66)	TIME WHEN THE PATIENT WAS CALLED OR ASKED TO MOVE TO NEXT SERVICE INCLUDING ADMISSION IN THE HOSPITAL (IF OPTIONS CHOSEN ARE 1,2,3,4,5,6 AND 7)	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900			

IF THE CHILD WAS SENT FOR COUNSELING TO ANOTHER PROVIDER, COMPLETE THIS FORM AGAIN FOR THE NEW PROVIDER. IF THE CHILD WAS SENT FOR LAB TESTS, COMPLETE LAB TEST SECTION (SECTION 3). IF THE CARETAKER WENT TO PHARMACY OR DRUG STORE IN THE FACILITY, COMPLETE PHARMACY SECTION (SECTION 4).

IF THE CHILD AND THE CARETAKER IS LEAVING THE FACILITY, REQUEST THEM TO PARTICIPATE IN EXIT INTERVIEW

(3.00)	Section 3: Observation, LAB SERVICE FOR UNDER FIVE CARE			RECORD RESPONSE
(3.01)	PATIENT NAME			
(3.02)	PATIENT CODE			
(3.03)	DOES THE FACILITY HAVE A FUNCTIONAL LABORATORY?	YES=1 , NO=2 ► (4.01)		
(3.04)	TIME WHEN THE PATIENT ARRIVED AT LABORATORY AREA FOR SERVICE	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.		
(3.05)	TIME WHEN A PROVIDER STARTED TO PROVIDE SERVICES IN THE LAB	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.		
(3.06)	NAME OF HEALTHCARE PROVIDER			
(3.07)	HEALTH WORKER SERIAL NUMBER FROM ROSTER			
(3.08)	SEX OF HEALTH WORKER	MALE 1, FEMALE=2		
(3.09)	FROM ROSTER, RECORD HEALTH WORKER CATEGORY AND CODE	HEALTH WORKER CATEGORY		
(3.10)	DID THE HEALTHWORKER LET CARETAKER KNOW WHAT WILL BE DONE IN THE LAB FOR PATIENT?	YES=1 , NO=2		
(3.11)	DID THE HEALTH WORKER ASK THE AGE OF PATIENT?	YES=1 , NO=2		
(3.12)	DID HEALTH WORKER COLLECT BLOOD FOR TESTING?	YES=1 , NO=2		
(3.13)	DID HEALTH WORKER COLLECT URINE FOR TESTING	YES=1 , NO=2		
(3.14)	DID THE HEALTH WORKER PREPARE LABELS WITH PATIENT NAME AND ATTACH THAT TO SPECIMEN COLLECTED?	YES=1 , NO=2		
(3.15)	DID THE HEALTH WORKER TELL THE PATIENT WHEN THE TEST RESULTS WILL BE AVAILABLE?	YES=1 , NO=2		
(3.16)	DID THE HEALTH WORKER EXPLAIN THE PURPOSE OF THE LAB TESTS?	YES=1 , NO=2		
(3.17)	IF SYRINGE WAS USED, DID THE HEALTH WORKER USE A NEW/FRESH SYRINGE?	YES=1 , NO=2		
(3.18)	WAS COTTON AND OTHER SUPPLIES USED BY HEALTH WORKER CLEAN/STERILIZED?	YES=1 , NO=2		
(3.19)	DID THE HEALTH WORKER USE STERILIZED HAND GLOVES?	YES=1 , NO=2		
(3.20)	TIME PATIENT EXITED THE LAB	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900		
(3.21)	WHERE DID THE PATIENT GO NEXT AFTER LAB SERVICES?	Waiting area/room	1	
		Another consultation	2	
		Pharmacy	3	
		Laboratory	4	
		Admission to inpatient care	5	
		Other areas	6	
		Exit the facility	7	
(3.22)	TIME WHEN THE PATIENT WAS CALLED OR ASKED TO MOVE TO NEXT SERVICE INCLUDING ADMISSION IN THE HOSPITAL (FOR OPTIONS 1,2,3,4,5,6)	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900		

IF THE PATIENT WENT FOR ANOTHER CONSULTATION, COMPLETE ANOTHER SECTION 2. IF THE PATIENT CAME BACK TO LAB AFTER A WHILE, COMPLETE ANOTHER LAB SECTION, IF WENT TO PHARMACY, COMPLETE PHARMACY SECTION.

IF THE PATIENT EXITED THE FACILITY FROM LAB, REQUEST THE CARETAKER TO PARTICIPATE IN EXIT INTERVIEW

(4.00)	Section 4: Observation, PHARMACY SERVICE FOR UNDER-FIVE CARE		RECORD RESPONSE
(4.01)	PATIENT NAME		
(4.02)	PATIENT CODE		
(4.03)	WERE DRUGS OBTAINED BY THE PATIENT FROM THE PHARMACY?	YES=1 , NO=2 ► SKIP SECTION	
(4.04)	TIME WHEN THE PATIENT ARRIVED AT PHARMACY OR STORE AREA FOR SERVICE	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.	
(4.05)	NAME OF HEALTHCARE PROVIDER		
(4.06)	HEALTH WORKER TRACKING NUMBER FROM ROSTER		
(4.07)	SEX OF HEALTH WORKER	MALE 1, FEMALE=2	
(4.08)	FROM ROSTER, RECORD HEALTH WORKER CATEGORY AND CODE	HEALTH WORKER CATEGORY	
(4.09)	IS THERE A QUE TO GET DRUGS?	YES=1 , NO=2	
(4.10)	AT WHAT TIME THE PHARMACY STORE PERSON STARTED PROVIDING SERVICE TO PATIENT?	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.	
(4.11)	DID THE HEALTHWORKER ASK FOR THE PRESCRIPTION FROM THE PATIENT?	YES=1 , NO=2	
(4.12)	DID HEALTH WORKER LET THE PATIENT KNOW IF THE FACILITY HAS ALL THE DRUGS PRESCRIBED?	YES=1 , NO=2	
(4.13)	DID HEALTH WORKER LET THE PATIENT KNOW PRICE OF EACH OF THE DRUGS?	YES=1 , NO=2	
(4.14)	WAS THE HEALTH WORKER RESPECTFUL TOWARDS THE PATIENT/CAREGIVER?	YES=1 , NO=2	
(4.15)	DID THE HEALTH WORKER RESPOND TO ALL THE QUESTIONS THE PATIENT/CAREGIVER HAD?	YES=1 , NO=2	
(4.16)	DID THE HEALTHCARE WORKER EXPLAIN THE NUMBER OF TIMES THE DRUGS SHOULD BE TAKEN IN A DAY?	YES=1 , NO=2	
(4.17)	DID THE HEALTHCARE WORKER MENTIONED HOW LONG EACH OF THE MEDICINES SHOULD BE TAKEN?	YES=1 , NO=2	
(4.18)	DID THE HEALTHCARE PROVIDER DISCUSS POTENTIAL SIDE EFFECTS OF THE DRUGS?	YES=1 , NO=2	
(4.19)	HOW MANY DRUGS WERE PRESCRIBED TO THE PATIENT TODAY?		
(4.20)	HOW MANY DRUGS DID THE PATIENT BUY OR GET TODAY?		
(4.21)	DID THE PROVIDER PRESCRIBE ANY ANTIBIOTICS TO THE PATIENT TODAY?	YES=1 , NO=2 ► SKIP 4.23	
(4.22)	HOW MANY ANTIBIOTICS WERE PRESCRIBED?		

(4.23)	TIME WHEN THE PATIENT RECEIVED THE DRUGS AND EXISTED THE PHARMACY AREA	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.					
(4.24)	WHERE DID THE PATIENT GO NEXT AFTER PHARMACY SERVICES?	Waiting area/room	1				
		Another consultation	2				
		Pharmacy	3				
		Laboratory	4				
		Diagnostic test area	5				
		Admission to inpatient care	6				
		Other areas	7				
		Exit the facility	8				
(4.25)	TIME WHEN THE PATIENT WAS CALLED OR MOVED TO NEXT SERVICE INCLUDING ADMISSION IN THE HOSPITAL (IF OPTIONS CHOSEN ARE 1,2,3,4,5,6 AND 7)	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900					
IF THE PATIENT WAS SENT FOR COUNSELING TO ANOTHER PROVIDER, COMPLETE CONSULTATION FORM AGAIN FOR THE NEW PROVIDER. IF THE PATIENT WAS SENT FOR LAB TESTS, COMPLETE LAB TEST SECTION (SECTION 3). IF THE PATIENT WENT TO PHARMACY OR DRUG STORE IN THE FACILITY, COMPLETE PHARMACY SECTION (SECTION 4), IF SENT FOR DIAGNOSTIC TESTS, COMPLETE DIAGTEST SECTION (SECTION 5)							
IF THE PATIENT IS LEAVING THE FACILITY, REQUEST THEM TO PARTICIPATE IN EXIT INTERVIEW							

(5.00)	Section 4: Observation, DIAGNOSTIC TESTS (UNDER-FIVE)		RECORD RESPONSE
(5.01)	PATIENT NAME		
(5.02)	PATIENT CODE		
(5.03)	DIAGNOSTIC TESTS DONE TODAY?	YES=1 , NO=2 (SKIP DIAG SECTION)	
(5.04)	TIME WHEN THE PATIENT ARRIVED AT DIAGNOSTIC TEST AREA FOR SERVICE	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.	
(5.05)	NAME OF HEALTHCARE PROVIDER		
(5.06)	HEALTH WORKER SERIAL NUMBER FROM ROSTER		
(5.07)	SEX OF HEALTH WORKER	MALE 1, FEMALE=2	
(5.08)	FROM ROSTER, RECORD HEALTH WORKER CATEGORY AND CODE	HEALTH WORKER CATEGORY	
(5.09)	AT WHAT TIME HEALTH WORKER STARTED PROVIDING SERVICE TO PATIENT?	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.	
(5.10)	DID THE HEALTH WORKER ASK FOR THE DIAGNOSTIC TEST ORDER AND/OR RECEIVED IT FROM PATIENT?	YES=1 , NO=2	
(5.11)	LIST THE TESTS ORDERED BY HEALTHCARE PROVIDER (FOR EACH OPTION, RECORD 1 IF YES, 2 IF NO).	a. CHEST X-RAY	
		b. OTHER X-RAY	
		c. ECG	
		d. ULTRASOUND	
		e. OTHER TESTS(SPECIFY)	
(5.12)	WERE ALL THE TESTS ORDERED BY HEALTHCARE PROVIDER DONE FOR THE PATIENT?	YES=1 ► (5.14) , NO=2	
(5.13)	THE REASON FOR NOT DOING ALL THE TESTS (FOR EACH OF THE OPTIONS RECORD 1 IF YES AND 2 IF NO)	a. NO ELECTRICITY	
		b. NO MACHINE	
		c. MACHINE NOT WORKING	
		d. SUPPLIES NEEDED FOR TEST NOT	
		e. PATIENT DID NOT WANT	
		f. OTHER REASONS(SPECIFY)	
(5.14)	DID THE HEALTH WORKER ENSURE THAT THE TEST RESULT CAN BE MATCHED WITH PATIENT NAME?	YES=1 , NO=2	
(5.15)	DID THE HEALTH WORKER ADOPT SAFETY MEASURES FOR THE SAFETY OF BOTH THE WORKER AND THE PATIENT?	YES=1 , NO=2	
(5.16)	DID THE HEALTHCARE PROVIDER BEHAVE WELL WITH THE PATIENT AND/OR PATIENT CARETAKER?	YES=1 , NO=2	
(5.17)	PATIENT OR CARETAKER IF THEY HAVE ANY QUESTIONS?	YES=1 , NO=2	
(5.18)	DID THE HEALTH CARE PROVIDER RESPOND TO THE QUESTIONS?	YES=1 , NO=2	
(5.19)	PATIENT OR CAREGIVER WHAT TESTS WILL BE DONE?	YES=1 , NO=2	
(5.20)	DID THE HEALTHCARE PROVIDER EXPLAIN THE STEPS TO BE FOLLOWED FOR THE TEST?	YES=1 , NO=2	

(5.21)	DID THE HEALTH WORKER INFORMED THE PATIENT OR CARETAKER WHEN THE RESULTS WILL BE AVAILABLE?	YES=1 , NO=2				
(5.22)	DID HEALTH WORKER USE PROTECTIVE JACKET FOR X-RAYS?	YES=1 , NO=2				
(5.23)	DID HEALTH WORKER USE CLEAN SUPPLIES FOR DOING THE TESTS?	YES=1 , NO=2				
(5.24)	WAS THE PRINTOUT OF ECG CLEAR?	YES=1 , NO=2				
(5.25)	WAS THE PRINTOUT OF ULTRASOUND CLEAR?	YES=1 , NO=2				
(5.26)	DID THE HEALTHCARE PROVIDER TELL THE PATIENT OR CAREGIVER THE COST OF EACH OF THE TESTS?	YES=1 , NO=2				
(5.27)	TIME WHEN THE PATIENT COMPLETED THE TESTS AND EXITED THE AREA	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.				
(5.28)	WHERE DID THE PATIENT GO NEXT AFTER DIAGNOSTIC TESTS?	Waiting area/room	1			
		Another consultation	2			
		Pharmacy	3			
		Laboratory	4			
		Diagnostic test area	5			
		Admission to inpatient care	6			
		Other areas	7			
		Exit the facility	8			
(5.29)	TIME WHEN THE PATIENT WAS CALLED OR ASKED TO MOVE TO NEXT SERVICE INCLUDING ADMISSION IN THE HOSPITAL (IF OPTIONS CHOSEN ARE 1,2,3,4,5,6 AND 7)	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900				

IF THE PATIENT WAS SENT FOR COUNSELING TO ANOTHER PROVIDER, COMPLETE CONSULTATION FORM AGAIN FOR THE NEW PROVIDER. IF THE PATIENT WAS SENT FOR LAB TESTS, COMPLETE LAB TEST SECTION (SECTION 3). IF THE PATIENT WENT TO PHARMACY OR DRUG STORE IN THE FACILITY, COMPLETE PHARMACY SECTION (SECTION 4), IF SENT FOR DIAGNOSTIC TESTS, COMPLETE DIAGTEST SECTION (SECTION 5)

IF THE PATIENT IS LEAVING THE FACILITY, REQUEST THEM TO PARTICIPATE IN EXIT INTERVIEW