

TOOL X2: TREATMENT OF SICK CHILDREN FROM 2 MONTH UP TO 5 YEARS

CASE SCENARIO # 1

Questionnaire # -----

Section 1. General information						
START BY READING THE FOLLOWING STATEMENT TO THE HEALTH WORKER:						
The following set of questions is an assessment of your knowledge of basic disease protocols. This assessment will not affect your employment at this facility, nor does it affect your standing as a practitioner in this area. This is a tool simply to help the Ministry of Health obtain information the quality of health services in Tajikistan. I will present you with situations that you would observe in the clinic. Please answer the questions to the best of your knowledge.						
V1.1	Facility name		V1.2	Facility number		
V1.3	Observer number		V1.4	Today's date (day/month/year)		
V1.6	Health worker number (from staff listing)		V1.7	Sex of health worker	Male	1
					Female	2
V1.8	Health worker category					
A	Family Physician	1				
B	Internist (терапевт)	2				
C	Family Nurse	3				
D	Feldsher	4				
E	Other (please specify) -----	99				

SCENARIO #1:	
PLEASE READ TO THE HEALTH WORKER CARD #1 OF THE CASE SCENARIO #1	
I will now read the first case scenario.	
CASE SCENARIO #1: CARD #1	
A little girl aged 25 months is brought to the facility because she has been asleep since the morning and is very difficult to wake up. She hasn't eaten or drunk fluids since yesterday.	
ASK THE QUESTION V1.9 BUT DO NOT READ ANSWERS PROVIDED.	

Section 2. Assessment						
#	QUESTION	Ask (but do not read)		MENTIONED	NOT MENTIONED	
V1.9 How will you assess the child? Describe the process of assessment. CIRCLE ALL MENTIONED YOU CAN SAY "WHAT ELSE" UNTIL HEALTH WORKERS DO NOT SAY "ALL"		1	ASK MOTHER'S NAME	1	0	
		2	ASK MOTHER CHILD'S NAME	1	0	
		3	ASK THE MOTHER WHAT IS A CHILD'S PROBLEM	1	0	
		4	ASK WHETHER THE CHILD HAS DIFFICULTY IN FEEDING	1	0	
		5	ASK WHETHER THE CHILD HAS FITS OR SPASMS (CONVULSION)	1	0	
		6	HAD THE CHILD TEMPERATURE	1	0	
		7	ASK WHETHER THE CHILD HAS FAST AND DIFICULT BREATHING	1	0	
		8	ASK WHETHER THE CHILD HAS DIARRHEA			
		9	ASK WHETHER THE CHILD HAS VOMITING			
		10	OTHER, NOT LISTED ABOVE	98	0	
			OBSERVE (DO NOT READ):			
		11	MEASURE WEIGHT AND HEIGHT	1	0	
		12	MEASURE THE TEMPERATURE	1	0	
		13	CHECK THE BREATHING	1	0	
		14	MUCOUS MEMBRANES (mouth and eyes)	1	0	
		15	LOOK FOR RASH			
		16	SEE IF CHILD IS LETARGIG OR UNCONSCIOUSNESS	1	0	
	17	STATUS OF A BIG FONTANEL	1	0		
	18	OTHER, NOT LISTED ABOVE	98	0		

PLEASE READ TO THE HEALTH WORKER CARD #2 OF THE CASE SCENARIO #1

CASE SCENARIO #1: CARD #2

When asked, the mother said that her daughter **was** not vomiting and did not have any convulsions, but has had diarrhea.

Based on your assessment the child weights 10.5 kg, is lethargic, a skin pinch comes back very slowly. No other clinical signs are present.

Section 3. Classification

ASK THE QUESTION V1.10 BUT DO NOT READ ANSWERS PROVIDED.

#	QUESTION	ANSWERS		MENTIONED	NOT MENTIONED
V1.10	Based on this assessment what is	1	SEVERE DEHYDRATION	1	0
		2	SOME DEHYDRATION	1	0

you major diagnosis? CIRCLE ONE MENTIONED	3	NO DEHYDRATION	1	0
	4	OTHER, NOT LISTED ABOVE	98	0
	5	DON'T KNOW	96	0

Section 4. Treatment & Counseling

PLEASE READ THE RESPONDENT CARD #3 OF THE CASE SCENARIO #1
 READ: let's assume that the child has been classified as- **SEVERE DEHYDRATION**

ASK THE QUESTION V1.11 BUT DO NOT READ ANSWERS PROVIDED.

ASK THE QUESTION V1.11 BUT DO NOT READ ANSWERS PROVIDED.					
V1.11	Assuming that all the needed drugs are in stock in the health facility. What are the all actions you would undertake and/or prescriptions you would write to provide this child with the most appropriate treatment? CIRCLE ALL MENTIONED		ACTION:	MENTIONED	NOT MENTIONED
		1	RECOMMENDS URGENT REFERRAL TO A HOSPITAL	1	0
		2	ADMINISTER RINGER LACTATE OR NORMAL SALINE IV SOLUTION	1	0
		3	ADMINISTER LIQUID BY NASO-GASTRIC TUBE	1	0
		4	TREATMENT WITH ANTIBIOTICS:	1	0
		a	INJECT ONE DOSE OF AN INJECTABLE ANTIBIOTIC	1	0
		b	GIVE ONE DOSE OF ORAL ANTIBIOTIC	1	0
		c	PRESCRIBE INJECTABLE ANTIBIOTIC FOR FIVE DAYS	1	0
		d	PRESCRIBE ORAL ANTIBIOTICS FOR FIVE DAYS	1	0
		5	ADMINISTER ORS AT THE FACILITY	1	0
6	PRESCRIBE ORS FOR HOME TREATMENT	1	0		
7	GIVE ONE DOSE OF PARACETAMOL	1	0		
8	PRESCRIBE PARACETAMOL FOR HOME TREATMENT	1	0		
9	OTHER, NOT LISTED ABOVE	98	0		
V1.12	What you will consult and teach caregiver? CIRCLE ALL MENTIONED		RECOMMENDATION:	MENTIONED	NOT MENTIONED
1	ADVISE ON GIVING ORS ON THE WAY TO HOSPITAL	1	0		
2	RECOMMENDS TO GIVE FOOD AND FLUIDS OTHER THAN BREASTMILK	1	0		
3	THE CORRECT FEEDING:	1	0		
a	BREASTFEED AS OFTEN AS CHILD WANTS OR BREASTFEED MORE	1	0		
b	ALSO GIVE THICK PORRIGE OR WELL MASHED FOODS (ANIMAL AND VITAMIN A RICH FOOD)	1	0		

	c	GIVE 3-4 MEALS A DAY	1	0
	d	OFFER 1 OR 2 SNACKS EACH DAY BETWEEN MEALS WHEN THE CHILD SEEMS HUNGRY	1	0
	4	WHEN TO RETURN IMMEDIATELY:	1	0
	a	NOT ABLE TO DRINK AND OR BREASTFEED	1	0
	b	BECOMES SICKER	1	0
	c	FEVER	1	0
	d	FAST AND DIFFICULT BREATHING	1	0
	e	BLOOD IN STOOL		
	5	OTHER, NOT LISTED ABOVE	98	0
Go to another scenario				

CASE SCENARIO #2

<i>PLEASE READ TO THE HEALTH WORKER CARD #1 OF THE CASE SCENARIO #2</i>
I will now read the next case scenario.
Mother brought 6-month-old child to the health center. The child's family lives in malaria endemic area. The boy has high fever for the last four days. The mother noticed that a child starts to breastfeed and then pulls off the breast and seems to pant for air before going back for a further suckle.
ASK THE QUESTION V2. 1 BUT DO NOT READ ANSWERS PROVIDED.

Section 2. Assessment					
#	QUESTION	ASK (not to read)		MENTIONED	NOT MENTIONED
V2.1	How will you assess the child? Describe the process of assessment. CIRCLE ALL MENTIONED	1	ASK MOTHER'S NAME	1	0
		2	ASK MOTHER CHILD'S NAME	1	0
		3	ASK THE MOTHER WHAT IS A CHILD'S PROBLEM	1	0
		4	ASK WHETHER A CHILD HAD MEASLES WITHIN LAST 3 MONTHS	1	0
		5	ASK WHETHER A CHILD COUGH		
		6	ASK WHETHER A CHILD VOMITING		
		7	ASK WHETHER A CHILD HAD CONVULSIONS	1	0
		8	HAS THE CHILD FAST OR DIFFICULT DREATHING	1	0
		9	OTHER, NOT LISTED ABOVE	98	0
			OBSERVE:		
		10	MEASURE WEIGHT AND HEIGHT	1	0
		11	MEASURE TEMPERATURE	1	0
12	SEE IF CHILD IS LETHARGIC OR UNCONSCIOUSNESS	1	0		
13	OBSERVE IF CHILD IS CONVULSING	1	0		

	14	COUNT THE BREATH IN ONE MINUTE	1	0
	15	LOOK AND FEEL FOR STIFF NECK	1	0
	16	LOOK FOR RUNNY NOSE	1	0
	17	LOOK FOR RASH	1	0
	18	LOOK FOR RED EYES	1	0
	19	OBSERVE CHEST INDRAWING	1	0
	20	LOOK AND LISTEN FOR STRIDOR AND WHEEZING	1	0
	21	OTHER, NOT LISTED ABOVE	98	0

PLEASE READ TO THE HEALTH WORKER CARD #2 OF THE CASE SCENARIO #2

CASE SCENARIO #2: CARD #2

The boy's name is Sabir. The health worker examined a boy. Main parameters of examination are: High Temperature – 37⁰, a boy's weight is 5 kg, His breathing is loud and fast, about 70 breaths per minute, no stridor or wheezing observed, no other clinical signs.

Section 3. Diagnosis

ASK THE QUESTION V2.2 BUT DO NOT READ ANSWERS PROVIDED.

#	QUESTION	ANSWERS		MENTIONED	NOT MENTIONED
V2.2	Based on this assessment what would be your main diagnosis? CIRCLE ONE MENTIONED	1	SEVERE PHNEUMONIA OR VERY SEVERE ILLNESS	1	0
		2	PNEUMONIA	1	0
		3	PNEUMONIA WITH WHEEZE		
		4	COUGH OR COLD	1	0
		5	OTHER, NOT LISTED ABOVE	98	0
		6	DON'T KNOW	96	0

Section 4. Treatment & Counseling

PLEASE READ THE RESPONDENT CARD #3 OF THE CASE SCENARIO #2

Let's assume that Sabir has - **PNEUMONIA**

CASE SCENARIO #1: CARD #2

#	QUESTION	ACTION AND PRESCRIBING		MENTIONED	NOT MENTIONED
V2.3	Assuming that all the needed drugs are in stock in the health facility. What are the all actions you would undertake and/or prescriptions you would write to provide Sabir with	1	PRESCRIBE OR ADMINISTERED ANTIBIOTICS:	1	0
		a	GIVE THE FIRST DOSE OF ANTIBIOTIC	1	0
		b	PRESCRIBE ORAL ANTIBIOTIC AT HOME FOR 5 DAYS	1	0
		c	PRESCRIBE INJECTABLE ANTIBIOTIC FOR 5 DAYS	1	0

	the most appropriate treatment?	2	RECOMMENDS URGENT REFERRAL TO A HOSPITAL	1	0
	CIRCLE ALL MENTIONED	3	OTHER TREATMENT:		
		a	PRESCRIBE ONE DOSE OF PARACETAMOL AT THE FACILITY	1	0
		b	PRESCRIBE PARACETAMOL FOR HOME TREATMENT	1	0
		4	GIVE AN INHALER FOR WHEEZING	1	0
		5	SOOTHE THE THROAT AND RELIEVE THE COUGH WITH A SAFE REMEDY	1	0
		6	OTHER, NON LISTED ABOVE	98	0
V 2.4	What you will consult and teach caregivers? CIRCLE ALL MENTIONED	1	TEACH A CAREGIVER HOW TO GIVE THE ANTIBIOTIC AT HOME		
		2	TEACH A CAREGIVER ABOUT MAKING OR BUYING AND GIVING A SAFE REMEDY	1	0
		3	HOW TO FEED THE CHILD CORRECTLY:	1	0
		a	BREASTFEED AS OFFEN AS CHILD WANTS OR BREASTFEED MORE	1	0
		b	ALSO GIVE THICK PORRIGE OR WELL MASHED FOODS (ANIMAL AND VITAMIN A RICH FOOD)	1	0
		4	WHEN TO RETURN IMMEDIATELY:	1	0
		a	NOT ABLE TO DRINK AND OR BREASTFEED	1	0
		b	BECOMES SICKER	1	0
		c	FEVER CONTINUES	1	0
		d	FAST AND DIFFICULT BREATHING	1	0
		e	CONVULSIONS	1	0
		6	OTHER, NOT LISTED ABOVE	98	0

CASE SCENARIO #3

PLEASE READ TO THE HEALTH WORKER CARD #1 OF THE CASE SCENARIO # 3

I will now read the next case scenario.

SCENARIO #3: CARD # 1

A young mother comes into your clinic on Tuesday morning with a young infant. Mother is very **concerned because** he is her first child and is very precious to the family. **The infant** was born one week ago.

Mother tells you that during the weekend she noticed that infant was not taking the breast as often as he normally did. She got worried and wanted to take him to the clinic on Monday. She herself had an appointment on Tuesday for follow up checkup after pregnancy. Her husband told her to wait and take the infant to the clinic on Tuesday when she has her appointment so that they do not have to pay for transportation twice. Mother is now worried because she thinks the infant is feeding less often than before.

ASK THE QUESTION V3. 1 BUT DO NOT READ ANSWERS PROVIDED.

Section 2. Assessment					
#	QUESTION	ANSWERS	MENTIONED	NOT MENTIONED	
V3.1	How will you assess the child? Describe the process of assessment. CIRCLE ALL MENTIONED	ASK			
		1	ASK MOTHER'S NAME	1	0
		2	ASK MOTHER CHILD'S NAME	1	0
		3	ASK THE MOTHER WHAT IS A CHILD'S PROBLEM	1	0
			OBSERVE:		
		4	MEASURE WEIGHT AND HEIGHT	1	0
		5	MEASURE TEMPERATURE	1	0
		6	COUNT THE BREATH IN ONE MINUTE	1	0
		7	LOOK FOR CHEST INDRAWING	1	0
		8	LOOK FOR NASAL FLARING	1	0
		9	LOOK AND FEEL FOR GRAUNTING	1	0
		10	LOOK AND FEEL FOR BULGING FONTANELLE	1	0
		11	LOOK FOR PUS DRAINING FROM THE EAR	1	0
		12	LOOK AT UMBILICUS ON READNESS AND PUS	1	0
		13	LOOK FOR PUSTULES ON THE SKIN	1	0
		14	SEE WHETHER AN INFANT IS LETHARGIC OR UNCONSCIOUS	1	0
15	ASSESS YOUNG INFANT'S MOVEMENT	1	0		
	16	OTHER, NOT LISTED ABOVE	98	0	

PLEASE READ TO THE HEALTH WORKER CARD #2 OF THE CASE SCENARIO #3

CASE SCENARIO #3: CARD #2

Mother's name is Ashura, the boy's name is Mumtaz. The health worker examined a boy. Main parameters of examination are: High Temperature – 37⁰, a boy's weight is 4.5 kg, His breathing is loud and fast, at 70 breaths per minute, no stridor or wheezing observed, no other clinical signs.

Section 3. Diagnosis

ASK THE QUESTION V3.2 BUT DO NOT READ ANSWERS PROVIDED.

#	QUESTION	ANSWERS		MENTIONED	NOT MENTIONED
V3.2	Based on this assessment what is your main diagnosis? CIRCLE ONLY ONE MENTIONED	1	VERY SEVERE ILLNESS	1	0
		2	LOCAL BACTERIAL INFECTION	1	0
		3	NOT A SEVERE ILLNESS AND NOT A LOCAL BACTERIAL INFECTION	1	0
		4	ANOTHER DIAGNOSIS	98	0
		5	DON'T KNOW	96	0

Section 4. Treatment & Counseling

PLEASE READ THE RESPONDENT CARD #3 OF THE CASE SCENARIO #3

*Let's assume that Mumtaz has a diagnosis of - **SEVERE ILLNESS***

CASE SCENARIO #3: CARD #3

V3.3	Assuming that all the needed drugs are in stock in the health facility. What are the all actions you would undertake and/or prescriptions you would write to provide with the most appropriate treatment? CIRCLE ALL MENTIONED	1	ADMINISTER INTRAMUSCULAR INJECT FIRST DOSE OF ANTIBIOTIC	1	0
		2	TREAT TO PREVENT LOW BLOOD SUGAR BY GIVING 20-50 ML EXPRESSED BREAST MILK BEFORE DEPARTURE OR 20-50 ML (10 ML/KG) SUGAR WATER	1	0
		3	ADVISE MOTHER HOW TO KEEP AN INFANT WARM ON THE WAY TO THE HOSPITAL	1	0
		4	REFER URGENTLY TO THE HOSPITAL	1	0
		5	OTHER, NOT LISTED ABOVE	98	0

IF THE HEALTH WORKER DID NOT MENTION ADMINISTRATION OF ANTIBIOTIC INTRAMUSKULAR IN THE QUESTION V3.3 MOVE TO THE NEXT SNEARIO, IF MENTIONED MOVE TO THE QUESTION V3.4

CASE SCENARIO #3: CARD #4

The health worker decided to administer Gentamicin before referring to the hospital

V3.4	Please explain what will be the dosage of GENTAMICIN ? CIRCLE ONE MENTIONED	1	2 mg/ml	1	0
		2	5 mg/ml	1	0
		3	10 mg/ml	1	0
		4	OTHER NOT LISTED ABOVE	98	0
		5	Do not know		

Go to another scenario

CASE SCENARIO #4

PLEASE READ TO THE HEALTH WORKER CARD #1 OF THE CASE SCENARIO # 4

I will now read the next case scenario.

SCENARIO #4: CARD # 1

A young mother brings her child on a quiet morning in your clinic. You invite them into your clinic room. Mother sits her child on her lap. She looks tired, and you ask how she came to the clinic this morning. She said she had to wait for a bus to come. It took a long time. The trip to the clinic is on a rough road and it is hot, so she does not feel well. She said she was worried about her child getting sicker during the long trip.

ASK THE QUESTION V4. 1 BUT DO NOT READ ANSWERS PROVIDED.

Section 2. Assessment

#	QUESTION	ANSWERS	MENTIONED	NOT MENTIONED	
V4.1	How will you assess the child? Describe the process of assessment and examination CIRCLE ALL MENTIONED				
			ASK:		
		1	ASK MOTHER'S NAME	1	0
		2	ASK MOTHER CHILD'S NAME	1	0
		3	ASK ABOUT AGE OF THE CHILD		
		4	ASK THE MOTHER WHAT IS A CHILD'S PROBLEM	1	0
		5	ASK WHETHER THE CHILD VOMITS	1	0
		6	ASK WHETHER A CHILD HAS FITS OR SPASMS (CONVULSION)	1	0
		7	ASK WHETHER A CHILD HAS COUGH OR DIFFICULT BREATHING	1	0
		8	WILL ASK WHETHER A CHILD HAS A DIARRHEA	1	0
		9	OTHER, NOT LISTED ABOVE	98	0
			OBSERVE:		
		10	MEASURE WEIGHT AND HEIGHT OR LENGTH	1	0
		11	MEASURE TEMPERATURE	1	0
		12	CHECK WHETHER A CHILD CAN DRINK OR BREASTFEED	1	0
		13	LOOK WHETHER THE CHILD IS LETARGIC OR UNCONTIOUS	1	0
		14	COUNT THE BREATH IN ONE MINUTE	1	0
		15	LOOK FOR CHEST INDRAWING	1	0
		16	LOOK AND LISTEN FOR STRIDOR OR WHEEZING	1	0
		17	WILL LOOK AND FEEL FOR ODEMA ON BOTH FEET	1	0
		18	CHECK SKIN AND PALMS OF A CHILD ON PALMAR PALLOR	1	0
19	ASSESS CHILD FEEDING	1	0		
20	BLOOD TEST	1	0		
21	TEST ON WORMS	1	0		
22	OTHER, NOT LISTED ABOVE	98	0		

PLEASE READ TO THE HEALTH WORKER CARD #2 OF THE CASE SCENARIO #4

SCENARIO #4: CARD #2

Mother's name is Dlldora. Based on the assessment you learn that Rustam is 2 years old and 4 months; a child weights 10.2 kg, height is 103, his temperature is 37⁰ C and this is his first visit to the clinic. He is able to drink; he is not vomiting and did not have convulsions. Rustam is active and kicks mothers skirt with legs; there is no edema on both feet. His breath is 45 per minute, and you hear no harsh noise. There are no signs of pneumonia. Rustam's weight for age Z score is between – 2Z and – 3Z. You observed that child's palms are pale – there is some palmar pallor.

Section 3. Diagnosis

ASK THE QUESTION V4.2 BUT DO NOT READ ANSWERS PROVIDED.

V4.2	Based on this assessment, what is your main diagnosis?	1	SEVERE MALNUTRITION OR SEVERE ANAEMIA	1	0
		2	MULNUTRITION OR ANEMIA	1	0
		3	OTHER, NOT LISTED ABOVE	98	0
		4	I DO NOT NKOW	96	0
CIRCLE ONLY ONE MENTIONED					

Section 4. Treatment & Counseling

PLEASE READ THE RESPONDENT CARD #3 OF THE CASE SCENARIO #4

Let's assume that the child has been classified as - **MALNUTRITION** or **ANAEMIA**

CASE SCENARIO #4: CARD #3

V4.3	Assuming that all the needed drugs are in stock in the health facility. What are the all actions you would undertake and/or prescriptions you would write to provide Rustam with the most appropriate treatment? CIRCLE ALL MENTIONED	PRESCRIBE:			
		1	URGENTLY REFER TO THE HOSPITAL	1	0
		2	GIVE IRON CONTAINING DRUG	1	0
		3	GIVE VITAMINE CONTAINING DRUG		
		RECOMMEND:			
		4	HOW TO FEED CORRECTLY:	1	0
		a	GIVE MEALS MORE FREQUENTLY (4-5 TIME A DAY)	1	0
		b	ALSO GIVE THICK PORRIGE OR WELL MASHED FOODS (ANIMAL AND VITAMIN A RICH FOOD)	1	0
		c	OFFER 1 OR 2 SNACKS EACH DAY BETWEEN MEALS WHEN THE CHILD SEEMS HUNGRY	1	0
		5	WHEN TO RETURN IMMEDIATELY:	1	0
		a	NOT ABLE TO DRINK AND OR BREASTFEED	1	0
		b	BECOMES SICKER	1	0
		c	FEVER CONTINUES	1	0
		d	FAST BREATHING DIFFICULT BREATHING	1	0
6	WHEN TO RETURN FOR FOLLOW-UP	1	0		
7	OTHER NOT LISTED ABOVE	98	0		

TOOL X1: MANAGEMENT OF ADULT DISEASES

SCENARIO #5:
I will now read the next case scenario.
CASE SCENARIO #5– CARD #1
Nassir comes to your clinic for the first time. He does not feel well and tells you that has severe headache, difficulty in breathing, and pounding in neck and ears. He thinks he has a high blood pressure.

PLEASE READ TO THE HEALTH WORKER CARD #1 OF THE CASE SCENARIO #5

Section 2. Assessment

#	QUESTION	ANSWERS	MENTIONED	NOT MENTIONED	
5.1	How will you assess Nassir? Describe all the steps you will undertake to assess the patient CIRCLE ALL THAT APPLY	ASK:			
		1	ASK HOW OLD IS A PATIENT	1	0
		2	ASK TO DESCRIBE IN MORE DETAIL PROBLEMS	1	0
		3	ASK WHETHER IT IS FOR THE FIRST TIME WHEN SUCH SYMTOMS ARE PRESENTED	1	0
		4	ASK WHETHER HE FEELS NAUSIA	1	0
		5	ASK WHETHER HE VOMITED	1	0
		6	ASK ABOUT OLIGURIA OR ABOUT PROBLEMS WITH KIDNEY	1	0
		7	ASK ABOUT VISION PROBLEMS DURING THE HEADACHE	1	0
		8	ASK ABOUT WHETHER HE HAS CHEST PAIN	1	0
		9	ASK SMOKING STATUS	1	0
		10	ASK ABOUT ALCOHOL INTAKE	1	0
		11	ASK FAMILY HISTORY OF PREMATURE CORONARY HEART DISEASE OR STROKE	1	0
		12	ASK WHETHER THE PATIENT HAS DIABETIS	1	0
		13	ASK ABOUT LIFESTYLE /PHYSICAL ACTIVITY	1	0
		14	ASK ABOUT FOOD INTAKE	1	0
		15	ASK ABOUT WEIGHT GAIN/LOSS	1	0
		16	ASK WHETHER HE IS ALREADY ON ANTIHYPERTENSIVE THERAPY OR OTHER MEDICATIONS	1	0
		17	OTHER, NOT LISTED ABOVE	98	0
			OBSERVE:		
18	MEASURE BLOOD PRESSURE	1	0		
19	ASSESS HIS WEIGHT AND HIGHT	1	0		

		20	ASSESS PULSE	1	0
		21	OTHER, NOT LISTED ABOVE	98	0
			DIRECT:		
		22	A URINE SAMPLE FOR ESTIMATION OF THE ALBUMIN: CREATININE RATIO AND TESTING FOR HAEMATURIA USING A REAGENT STRIP	1	0
		23	A BLOOD SAMPLE TO MEASURE PLASMA GLUCOSE, ELECTROLYTES, CREATININE, ESTIMATED GLOMERULAR FILTRATION RATE, SERUM TOTAL CHOLESTEROL AND HDL CHOLESTEROL	1	0
		24	12-LEAD ELECTROCARDIOGRAPHY	1	0
		25	OTHER, NOT LISTED ABOVE	98	0

Section 3. Diagnosis					
<i>PLEASE READ THE RESPONDENT CARD #2 OF THE CASE SCENARIO 5</i>					
SCENARIO #5: - CARD #2					
Based on your assessment you learned that Nassir is 65 years old, weights 95 kg, his height is 170 cm, smokes more than 25 years 2 packs a day; on average twice per months drinks alcohol. Eats only 2 times a day with high intake of meat, rice and bread. He is not employed and mostly spends time either in the garden or at home.					
He does not have any cardio vascular diseases in family history. At present feels difficulty in breathing and pounding in neck and ears. No other symptoms are present. His Blood pressure is 160/90 mmHg, and has the fast pulse. Time to time takes drugs to treat cold or flu.					
5.2	What is Nassir's risk level of cardio vascular disease? CIRCLE ONLY ONE THAT APPLIES	1	<15% LOW RISK	1	0
		2	15% - 20% MODERATE RISK	2	0
		3	20% - 30% HIGH RISK	3	0
		4	≥30% EXTRIMLY HIGH RISK	4	0
		5	OTHER	98	0
		6	DO NOT KNOW	96	
Section 4. Treatment & Counseling					
<i>PLEASE READ THE RESPONDENT CARD #3 OF THE CASE SCENARIO 5</i>					
<i>Let's assume that Nassir's CVD risk has been identified as -15 – 20% moderate risk (2)</i>					
SCENARIO #5: - CARD #3					
#	QUESTION	ANSWERS		MENTIONED	NOT MENTIONED
5.3	Assuming that all the needed drugs are in stock in the health facility. What are the all actions you would	PRESCRIBE:			
		1	ANTI-HYPERTENSIVE DRUG TREATMENT STARTED IMMEDIATELY	1	0
		RECOMMEND:			
	2	ADVISE ON HEALTHY NUTRITION	1	0	

undertake and/or prescriptions you would write to provide Nasir with the most appropriate treatment?	a	REDUCE THE INTAKE OF SOLT	1	0	
	b	REDUCE THE INTAKE OF FATTY MEAT	1	0	
	c	REDUCE THE INTAKE OF FATTY FOOD	1	0	
	3	ADVISE ON PHYSICAL ACTIVITY	1	0	
	4	REFUSE OF SMOKING AND NOS (CHEWING TOBACO)	1	0	
	5	AVOID UNHEALTHY ALCOHOL USE	1	0	
	6	HOME BLOOD PRESSURE MONITORING TWICE A DAY IN THE MORNING AND THE EVENING	1	0	
	7	FOLLOW UP VISITS AND MONITORING EVERY 3 MONTH	1	0	
	8	OTHER NOT LISTED ABOVE	98	0	
	9	I DO NOT KNOW	96	0	

SCENARIO #6:					
<i>PLEASE READ TO THE HEALTH WORKER CARD #1 OF THE CASE SCENARIO #6</i>					
Section 2. Assessment					
I will now read the next case scenario.					
SCENARIO #6: - CARD# 1					
Otabek comes to your clinic for the first time. He does not feel well and tells you that has severe headache, difficulty in breathing, and pounding in neck and ears.					
#	QUESTION	ANSWERS		MENTIONED	NOT MENTIONED
6.1	How will you assess Otabek? Describe all the steps you will undertake to assess the patient CIRCLE ALL THAT APPLY		ASK:		
		1	ASK HOW OLD IS A PATIENT	1	0
		2	ASK TO DESCRIBE IN MORE DETAIL PROBLEMS	1	0
		3	ASK WHETHER IT IS FOR THE FIRST TIME WHEN SUCH SYMTOMS ARE PRESENTED	1	0
		4	ASK WHETHER HE FEELS NAUSIA	1	0
		5	ASK WHETHER HE VOMITED	1	0
		6	ASK ABOUT OLIGURIA AND ABOUT THE PROBLEM OF KIDNEY	1	0
		7	ASK ABOUT VISION PROBLEMS DURING THE HEADACHE	1	0
		8	ASK ABOUT WHETHER HE HAS CHEST PAIN	1	0
		9	ASK SMOKING STATUS	1	0
		10	ASK ABOUT ALCOHOL INTAKE	1	0
11	ASK FAMILY HISTORY OF PREMATURE CORONARY HEART	1	0		

			DISEASE OR STROKE			
	12		ASK WHETHER THE PATIENT HAS DIABETIS	1	0	
	13		ASK ABOUT LIFESTYLE /PHYSICAL ACTIVITY	1	0	
	14		ASK ABOUT FOOD INTAKE	1	0	
	15		ASK WHETHER HE IS ALREADY ON ANTIHYPERTENSIVE THERAPY OR OTHER MEDICATIONS	1	0	
			OBSERVE:			
	16		ASSESS HIS WEIGHT	1	0	
	17		ASSESS PULSE	1	0	
	18		MEASURE BLOOD PRESSURE	1	0	
	19		OTHER, NOT LISTED ABOVE	98	0	
			REFER\RECOMMEND:			
	20		A URINE SAMPLE FOR ESTIMATION OF THE ALBUMIN: CREATININE RATIO AND TESTING FOR HAEMATURIA USING A REAGENT STRIP	1	0	
	21		A BLOOD SAMPLE TO MEASURE PLASMA GLUCOSE, ELECTROLYTES, CREATININE, ESTIMATED GLOMERULAR FILTRATION RATE, SERUM TOTAL CHOLESTEROL AND HDL CHOLESTEROL	1	0	
	22		12-LEAD ELECTROCARDIOGRAPHY	1	0	
	23		OTHER	98	0	

Section 3. Diagnosis

PLEASE READ TO THE HEALTH WORKER CARD #2 OF THE CASE SCENARIO #6

CASE SCENARIO #6: CARD # 2

Based on your assessment you learned that Otabek is 65 years old, weights 95 kg, his height is 170 cm, smokes more than 25 years 2 packs a day; on average twice per months drinks alcohol. Eats only 2 times a day with high intake of meat, rice and bread. He is not employed and mostly spends time either in the garden or at home.

He does not have any cardio vascular diseases in family history, however his father died suddenly but the reason was not known. He once has been consulted by a doctor and diagnosed with hypertension and diabetes Mellitus. The doctor prescribed some drugs for hypertension, but he cannot afford to buy. For the treatment of Diabetes he was advised to be on a diet, limit salt intake and lose weight. At present feels difficulty in breathing and pounding in neck and ears. No other symptoms are present. His Blood pressure is 160/90 mmHg, higher than usual (140/80mm Hg) and has the fast pulse. He does not measure blood pressure regularly; only when has headache and pounding in ears. In such cases takes pain killer and puts feet in the hot water. Time to time takes drugs to treat cold or flu.

6.2		1	<15% LOW RISK		1	
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What is Otabek's risk level of cardio vascular disease? CIRCLE ONLY ONE THAT APPLIES	2	15% - 20% MODERATE RISK	2	
	3	20% - 30% HIGH RISK	3	
	4	≥30% EXTRIMLY HIGH RISK	4	
	5	OTHER	98	
	6	DO NOT KNOW	96	

PLEASE READ THE RESPONDENT CARD #3 OF THE CASE SCENARIO 6
Let's assume that level of the risk of CVD of Otabek identified as **-20 – 30% high risk(3)**

SCENARIO #6: - CARD #3

#	QUESTION	ANSWERS	MENTIONED	NOT MENTIONED
6.3	Assuming that all the needed drugs are in stock in the health facility. What are the all actions you would undertake and/or prescriptions you would write to provide Otabek with the most appropriate treatment? CIRCLE ALL THAT APPLY	PRESCRIBE:		
		1 ANTI-HYPERTENSIVE DRUG TREATMENT	1	0
		2 PRESCRIBE ANTIHYPERTENSIVE DRUGS AT HOME	1	0
		3 PRESCRIBE GIPOGLICEMIC DRUGS	1	0
		RECOMMEND:		
		4 ADVISE ON HEALTHY NUTRITION	1	0
		a REDUCE THE INTAKE OF SOLT	1	0
		b REDUCE THE INTAKE OF FATTY MEAT	1	0
		c REDUCE THE INTAKE OF FATTY FOOD	1	0
		5 ADVISE ON PHYSICAL ACTIVITY	1	0
		6 SMOKING CESSATION AND NOS (CHEWING TOBACO)	1	0
7 AVOID UNHEALTHY ALCOHOL USE	1	0		
8 HOME BLOOD PRESSURE MONITORING TWICE A DAY IN THE MORNING AND THE EVENING	1	0		
9 GIVE ADVICE ON LEG HYGIENE (NAILS, TREATMENT OF CORNS, WEAR APPROPRIATE FOOTWEAR AND ASSESS FEET / LEGS AT RISK OF DEVELOPING ULCERS USING SIMPLE METHODS (INSPECTION, PRICK SENSATION))	1	0		
10 FOLLOW UP VISITS AND MONITORING EVERY 3 MONTH	1	0		
11 OTHER, NOT LISTED ABOVE	98	0		

**IF THE HEALTH WORKERS MANTIONED PRESCRIBED ANTI-HIPERTENSIVE DRUGS THEN READ THE QUESTION 6.4 TO HIM\HER AND LIST THE MENTIONED DRUGS.
IF DO NOT MENTIONED THEN ASKNOWLEDGE HIM\HER AND COMPLETE THE INTERVIEW.**

6.4	What antihypertensive drugs will you prescribe?	1	Thiazide-like Diuretic	1	0	
		2	Ace inhibitor	1	0	
		3	Calcium channel blocker	1	0	
		4	Beta-blocker	1	0	
		5	Other not listed above	98	0	
	CIRCLE ALL MENTIONED					
6.5	Will you prescribe all drugs mentioned by you or some of them?	1	ONE OF THE LISTED DRUGS	1	0	
		2	MORE THAN ONE FROM LISTED DRUGS	98	0	
	CIRCLE ALL THAT APPLY					