

STI Client Consultation Observation					
NO.	QUESTIONS	CODING CLASSIFICATION		GO TO	
	<p>READ TO PROVIDER: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. I would like to observe your consultation with this Client in order to better understand how health care is provided in this country.</p> <p>This information is completely confidential. You may choose to stop the interview at any time. Do you have any questions for me? May I be present at this consultation?</p> <p>_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> <p>_____ DATE</p>				
100a	PERMISSION RECEIVED FROM PROVIDER	YES	1		
		NO	2	➔ STOP	
	<p>_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> <p>_____ DATE</p>				
	<p>READ TO CLIENT: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children. I would like to observe your consultation with this Provider in order to better understand how health care is provided.</p> <p>This information is completely confidential and will not affect the level of care you receive here now or in the future. After the consultation, my colleague would like to talk with you about your experiences here today.</p> <p>You may tell me to stop the interview at any time. Do you have any questions for me? May I be present at this consultation?</p> <p>_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> <p>_____ DATE</p>				
100b	PERMISSION RECEIVED FROM CLIENT?	YES	1		
		NO	2	➔ STOP	
		YES	NO	UNSURE	
101	Did the provider advise the client that any information shared between the provider and the client is confidential?	1	2	8	
102	DID THE PROVIDER ASK ABOUT OR DID THE CLIENT PROVIDE ANY OF THE FOLLOWING INFORMATION?				
	1) SYMPTOMS the client is having?	1	2	8	
	2) HOW LONG the client has had the present SYMPTOMS?	1	2	8	
	3) The client's history of RECENT SEXUAL CONTACTS?	1	2	8	
	4) SYMPTOMS IN HUSBAND OR WIFE?	1	2	8	
	5) THE RELATIONSHIP STATUS (HUSBAND HAS MORE THAN ONE WIFE?)	1	2	8	
103	WERE THE EXTERNAL GENITALIA EXAMINED?	YES	1		
		NO	2	➔ 105	
		DON'T KNOW	8	➔ 105	
104	IF YES: DID THE PROVIDER:		YES	NO	NA
	1) ENSURE CLIENT VISUAL PRIVACY?	VISUAL PRIVACY	1	2	
	2) ENSURE CLIENT AUDITORY PRIVACY?	AUDITORY PRIVACY			
	3) WASH HIS/HER HANDS BEFORE THE EXAM?	WASH HANDS	1	2	
	4) WEAR CLEAN GLOVES?	WEAR GLOVES	1	2	
	5) WERE GENITALS FULLY EXPOSED?	GENITALS FULLY EXPOSED	1	2	
	FOR FEMALE CLIENT:				
	6) WAS FEMALE CLIENT LYING DOWN DURING EXAM?	CLIENT LYING DOWN	1	2	5

104	EXAMINATION CONTINUED:				
	7) WERE LABIA SEPARATED AND INSPECTED TO INSPECT FOR LESIONS/DISCHARGE?	LABIA SEPARATED AND INSPECTED.....	1	2	5
	FOR MALE CLIENT NOT CIRCUMCISED:				
	8) WAS FORESKIN RETRACTED TO INSPECT FOR LESIONS/DISCHARGE?	FORESKIN RETRACTED...	1	2	5
105	IF CLIENT IS FEMALE: INDICATE WHETHER PROVIDER CONDUCTED A PELVIC EXAM.	YES1 NO2 MALE CLIENT3			→107 →107
106	PELVIC EXAM				
	DID THE PROVIDER:		YES	NO	NA
1	ENSURE CLIENT VISUAL PRIVACY?	VISUAL PRIVACY	1	2	
2	ENSURE CLIENT AUDITORY PRIVACY?	AUDITORY PRIVACY	1	2	
3	EXPLAIN PROCEDURE PRIOR TO BEGINNING?		1	2	
4	PREPARE ALL INSTRUMENTS <u>BEFORE</u> EXAM?	PREPARED INSTRUMENTS	1	2	
5	USE STERILIZED OR HIGH-LEVEL DISINFECTED INSTRUMENTS ?(ASK THE SERVICE PROVIDER)	DISINFECTED INSTRUMENTS	1	2	
6	WASH HIS/HER HANDS BEFORE THE EXAM?	WASHED HANDS.....	1	2	
7	PUT ON NEW OR DISINFECTED GLOVES <u>BEFORE</u> EXAM?	PUT ON GLOVES	1	2	
8	ASK THE CLIENT TO TAKE SLOW, DEEP BREATHS, AND RELAX ALL MUSCLES?	ASK CLIENT TO RELAX MUSCLES	1	2	
9	INSPECT THE EXTERNAL GENITALIA?	INSPECT GENITALIA.....	1	2	
10	(IF USED) EXPLAIN SPECULUM PROCEDURE?	EXPLAIN SPECULUM	1	2	5
11	INSPECT THE CERVIX AND VAGINAL MUCOSA? (AIM LIGHT INSIDE INSERTED SPECULUM)	INSPECT CERVIX	1	2	
12	PERFORM BIMANUAL EXAM (ONE HAND INSIDE VAGINA, OTHER PALPATING UTERUS THROUGH ABDOMEN)	BIMANUAL EXAM	1	2	
13	WASH HANDS <u>AFTER</u> REMOVING GLOVES?	WASH HANDS AFTER.....	1	2	
14	WIPE CONTAMINATED SURFACES WITH DISINFECTANT?	DISINFECT AREA	1	2	
15	PLACE REUSABLE GLOVES AND INSTRUMENTS IN A CHLORINE SOLUTION IMMEDIATELY AFTER COMPLETING PROCEDURE? (ASK THE PROVIDER)	DECONTAMINATE GLOVES/INSTRUMENTS .	1	2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
107	Was a specimen taken or a laboratory examination ordered for the client?	YES1 NO.....2 DON'T KNOW.....8	➔110 ➔110
108	IF YES, WERE ANY OF THE FOLLOWING TYPES OF TESTS MENTIONED? 1) BLOOD TEST? 2) URINE ANALYSIS? 3) MICROSCOPIC EXAMINATION OF SPECIMEN OF VAGINAL OR URETHRAL DISCHARGE? 4) HIV/AIDS TEST?	YES NO UNSURE BLOOD TEST.....1 2 8 URINE ANALYSIS... 1 2 8 MICROSCOPIC EXAM OF DISCHARGE1 2 8 HIV/AIDS TEST.....1 2 8	
109	Did the provider at any time ask for the client's agreement or permission for ordering or taking a specimen to check for infection or specifically mention a STI (e.g. syphilis or HIV/AIDS)?	YES 1 NO 2 DON'T KNOW 8	
110	Did the provider discuss the diagnosis with the client?	YES 1 NO 2	
111	Did the provider mention any relationship between the infection and sexual activity?	YES 1 NO 2 DON'T KNOW 8	
112	Did the provider give the client a prescription or medications?	YES 1 NO 2	➔115
113	Did the provider give the client a prescription or medications for the sexual partner?	YES 1 NO 2 DON'T KNOW 8	
114	Did the provider instruct the client on the importance of completing the full course of treatment?	YES 1 NO 2	
115	Was the client encouraged to refer his/her partner(s) for treatment?	YES 1 NO 2	
116	Did the provider give a follow-up date to return for re-examination?	YES 1 NO 2	
117	Were any visual aids used for client education about STIs or HIV/AIDS?	YES 1 NO 2	
118	Was the risk of HIV/AIDS mentioned?	YES 1 NO 2	
119	Did the provider: 1) Talk about the role of condoms in prevention of STIs and HIV/AIDS transmission? 2) Instruct the client on how to use Condom? 3) Demonstrate how to put on condom? 4) Offer condoms to the client?	YES NO DK DISCUSS CONDOMS AND STI/HIV PREVENTION... 1 2 8 INSTRUCT HOW TO USE CONDOM 1 2 8 DEMONSTRATE HOW TO PUT ON CONDOM... 1 2 8 PROVIDE CONDOM 1 2 8	
120	Did the Provider write on the client's health card?	YES1 NO.....2 NO HEALTH CARD USED3 DON'T KNOW8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
121	RECORD TIME OBSERVATION ENDED.	HOUR <table border="1" data-bbox="1219 176 1318 218"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTES..... <table border="1" data-bbox="1219 222 1318 264"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
122	OBSERVER COMMENTS										