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Collection: LOGIN
Contains: DATSTAT_ALTPID



Salud Mesoamerica Initiative (SMI)

Login page for health facility survey

Question: DATSTAT_ALTPID
Required



ID:

Collection: LOG_IN
Contains: DATE, INTERVW_ID1, INTERVW_ID2, DISTRICT_ID, FACILITY_ID, FAC_TYPE

Question: DATE
Required



1. Date:

(DD/MM/YYYY)

Question: INTERVW_ID1
Required



2. Interviewer ID 1

Question: INTERVW_ID2



3. Interviewer ID 2

Question: DISTRICT_ID
Required

Scale Summary		
Code	Label	Show-If
2001	Orange Walk	
2002	Corozal District	
2004	Cayo District	
995	Other	



4. District ID:

☐ Orange Walk

Question: FAC_TYPE**Required**

Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Polyclinic/ Mobile Unit	
2	Community Hospital	
3	Regional Hospital	



6. What type of health facility is this?
(CHOOSE ONE):

- ☐ Health Clinic / Health Post / Polyclinic/ Mobile Unit
☐ Community Hospital
☐ Regional Hospital

Collection: CHECKLIST

Contains: SELECTION_AREA, SURVEY_SUBMIT, ANTENATAL_POSTNATAL_CARE, DELIVERY_ROOM, EMERGENCY_CARE, CHILD_HEALTH_SERVICES, VACCINATION, COLD_CHAIN, FAMILY_PLANNING, DIAGNOSTIC_IMAGING, PHARMACY, LAB_SERVICES, BIO_HAZARD, GENERAL_CONDITIONS, JUMPS, COMMENTS

Observation checklist

After the interview with the manager of health facility, ask to start visiting the health facility accompanied by the manager or the person he/she designates.

Question: SELECTION_AREA**Required**

Scale Summary		
Code	Label	Show-If
1	Antenatal and postnatal care room	
2	Delivery room	
3	Emergency care room	
4	Child health services room	
5	Family planning area	
6	Immunization room	
7	Vaccine supply and cold chain	
8	Diagnostic Imaging area	
9	Bio hazardous waste disposal area	
10	Pharmacy	
11	Laboratory	
12	General facility characteristics	
13	End of the survey	



7. Which room / service area are you going?

- ☐ Antenatal and postnatal care room
☐ Delivery room
☐ Emergency care room
☐ Child health services room
☐ Family planning area
☐ Immunization room
☐ Vaccine supply and cold chain
☐ Diagnostic Imaging area
☐ Bio hazardous waste disposal area
☐ Pharmacy
☐ Laboratory
☐ General facility characteristics
☐ End of the survey

Question: SURVEY_SUBMIT**Required****Show if:** (SELECTION_AREA = 13:[End of the survey])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



8. Are you sure you're ready to submit?

☐ Yes☐ No**Jump-To:** JUMP_SELECTION**Description:****Jump-To-Item:** SELECTION_AREA**Jump-If:** (SURVEY_SUBMIT = 0:[No])**Collection:** ANTENATAL_POSTNATAL_CARE**Contains:** CL_ANPST_RM, COL_ANC**Show if:** (SELECTION_AREA = 1:[Antenatal and postnatal care room]) or (TRASH = 1:[show all folders])**Pre and postnatal care****Question:** CL_ANPST_RM**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide service	
-2	Decline to show	



9. Ask to see where antenatal and postnatal care services are provided.

Setting characteristics:

(Select one option)

- ☐ Private room with visual and auditory privacy
- ☐ Non-private room with auditory and visual privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Other
- ☐ Don't provide service
- ☐ Decline to show

Collection: COL_ANC**Contains:** ANC_IMAGING_1, ANC_IMAGING_1_FUNC, AVAIL_PRO_1, AVAIL_PRO_2, CLN_ANC_DOC, CLN_PNC_DOC**Show if:** (CL_ANPST_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Please note the availability of the following supplies and equipment

Custom Layout Question: C_ANC_INPUT1_AMB

10.

Observed
(yes/no)

Total observed

Total working

Standing scale	<input type="checkbox"/> <input type="checkbox"/>		
Scale with measuring rod	<input type="checkbox"/> <input type="checkbox"/>		
Gynecological examination table or strecher	<input type="checkbox"/> <input type="checkbox"/>		
Obstetric tape for CLAP	<input type="checkbox"/> <input type="checkbox"/>		
Instrument / equipment cart or stand	<input type="checkbox"/> <input type="checkbox"/>		
Gestogram / pregnancy wheel calculator	<input type="checkbox"/> <input type="checkbox"/>		
Swan neck lamp or pelvic examination lamp or headlight	<input type="checkbox"/> <input type="checkbox"/>		
Sphygmomanometer (tensiometer) / pressure cuff	<input type="checkbox"/> <input type="checkbox"/>		
Stethoscope	<input type="checkbox"/> <input type="checkbox"/>		
IUD insertion kit	<input type="checkbox"/> <input type="checkbox"/>		
Fetoscope (pinard stethoscope or doppler)	<input type="checkbox"/> <input type="checkbox"/>		
Oral/axillary thermometer	<input type="checkbox"/> <input type="checkbox"/>		
Reflex hammer	<input type="checkbox"/> <input type="checkbox"/>		

Custom Layout Question: C_ANC_INPUT1_BC


11.

	Observed (yes/no)	Total observed	Total working
Standing scale	<input type="checkbox"/> <input type="checkbox"/>		
Scale with measuring rod	<input type="checkbox"/> <input type="checkbox"/>		
Gynecological examination table or stretcher	<input type="checkbox"/> <input type="checkbox"/>		
Obstetric tape for CLAP / measuring tape	<input type="checkbox"/> <input type="checkbox"/>		
Instrument / equipment cart or stand / trolly	<input type="checkbox"/> <input type="checkbox"/>		
Gestogram / pregnancy wheel calculator	<input type="checkbox"/> <input type="checkbox"/>		
Swan neck lamp or pelvic examination	<input type="checkbox"/> <input type="checkbox"/>		

lamp or headlight

Sphygmomanometer
(tensiometer)

Stethoscope

Set for IUD insertion

Fetoscope (Pinard
stetoscope or
doppler)Oral / axillary
thermometer

Reflex hammer

☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐

Please check availability of the following inputs:

Question Block: ANC_IMAGING_1**Contains:** ANC_IMAGING_1_1, ANC_IMAGING_1_3, ANC_IMAGING_1_4**Required**

Scale Summary		
Code	Label	Show-If
1	Observed number	
0	Not observed	
-2	Declined to show	



12.

Please note the availability and number of the following equipment and supplies.

(SELECT ONE RESPONSE FOR EACH QUESTION)	Observed number	Not observed	Declined to show
Doppler ultrasound to detect fetal heartbeat	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound equipment	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Portable ultrasound	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Question Block: ANC_IMAGING_1_FUNC**Contains:** ANC_IMAGING_1_FUNC_1, ANC_IMAGING_1_FUNC_3, ANC_IMAGING_1_FUNC_4**Required**

Show if: (ANC_IMAGING_1_1 = 1:[Observed number]) or (ANC_IMAGING_1_3 = 1:[Observed number]) or (ANC_IMAGING_1_4 = 1:[Observed number])

Scale Summary		
Code	Label	Show-If
1	Yes, it works	
0	Not working	
-1	Don't know	



15.

Please note working condition of the following items:

	Yes, it works	Not working	Don't know
Doppler ultrasound to detect fetal heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Portable ultrasound

☐☐☐**Custom Layout Question:** C_ANC_INPUT2_AMB

18.

Observed (yes/no)

Perinatal maternal medical history form/card

☐ ☐

Perinatal maternal card

☐ ☐

Referral forms

☐ ☐

Stretcher sheets

☐ ☐

Robes for the patients

☐ ☐**Custom Layout Question:** C_ANC_INPUT2_BC

19.

Observed (yes/no)

Perinatal maternal medical history form/card

☐ ☐

Perinatal maternal card

☐ ☐

Referral forms

☐ ☐

Stretcher sheets

☐ ☐

Robes for the patients

☐ ☐**Question Block:** AVAIL_PRO_1**Contains:** AVAIL_PRO_1_1, AVAIL_PRO_1_2, AVAIL_PRO_1_3, AVAIL_PRO_1_4**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	



20. Note the availability of the following protocols and teaching materials.

SELECT ONE OPTION

	Observed	Not observed	Decline to show
National policies, guidelines, or protocols for family planning and reproductive health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other guidelines for antenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other guidelines for postpartum care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: AVAIL_PRO_2**Contains:** AVAIL_PRO_2_1, AVAIL_PRO_2_2**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	

24. Please note that the following materials are on the wall or in any visible place



SELECT ONE OPTION

	Observed	Not observed	Decline to show
Visual aids for client education on subjects related to pregnancy or antenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: CLN_ANC_DOC**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	



26. If available, ask to see Antenatal/Postnatal Logbook where ANC client information is recorded.

- ☐ Observed
☐ Not observed
☐ Decline to show

Question: CLN_PNC_DOC**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	



27. If available, ask to see Antenatal/Postnatal Logbook where postpartum care information is recorded.

- ☐ Observed
☐ Not observed
☐ Decline to show

Collection: DELIVERY_ROOM**Contains:** CL_DEL_RM, COL_DEL**Show if:** (SELECTION_AREA = 2:[Delivery room]) or (TRASH = 1:[show all folders])**Delivery room****Question:** CL_DEL_RM**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide service	
-2	Decline to show	



28. Ask to see the delivery room and indicate the setting

- ☐ Private room with visual and auditory privacy
☐ Non-private room with auditory and visual privacy
☐ Visual privacy only

- ☐ No privacy
☐ Other
☐ Don't provide service
☐ Decline to show

Collection: COL_DEL

Contains: CL_DEL_SABAG, HEM_UTR_BLN, HEM_UTR_BLN_CHECK

Show if: (CL_DEL_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Note availability, condition and number of the following equipment and supplies

Custom Layout Question: INP_DEL_NEW1

29.	Observed (yes/no)	Total number	Number working
IV administration kit	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sterile fields or sheltering for a baby	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Nasogastric tube 5/8	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Please check availability of the following inputs

Custom Layout Question: INP_DEL_NEW2

30.	Observed (yes/no)
Intravenous catheter sterile N ° 18	<input type="checkbox"/> <input type="checkbox"/>
Metallic Clamp or umbilical tape for clamping umbilical	<input type="checkbox"/> <input type="checkbox"/>
Plastic Clamp	<input type="checkbox"/> <input type="checkbox"/>

Question: CL_DEL_SABAG

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Bag not seen	
-2	Declined to show	

31. Ask to see the delivery bag or kit used for emergency delivery in the facility

☐ Observed
☐ Bag not seen
☐ Declined to show

Question: HEM_UTR_BLN

Required

Scale Summary		
Code	Label	Show-If
1	Uterine tamponade (commercially produced)	
2	Kit for a uterine tamponade (commercially produced)	
3	Kit for a uterine tamponade (assembled in the health facility)	
995	Other (specify)	
-1	Don't know	
-2	Decline to show	



32. Please verify the existence of the following in the delivery room (SELECT ONE)

- ☐ Uterine temponade (commercially produced)
- ☐ Kit for a uterine tamponade (commercially produced)
- ☐ Kit for a uterine tamponade (assembled in the health facility)
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to show

Question: HEM_UTR_BLN_CHECK

Minimum checks: 1

Show if: (HEM_UTR_BLN2 is-any-of)



33. Verify that the following are ready to assemble for use as a uterine tamponade device:

- ☐ Condom
- ☐ Catheter
- ☐ Syringe
- ☐ Gloves
- ☐ IV bag with saline solution
- ☐ IV set
- ☐ Two ring forceps
- ☐ Scissors
- ☐ Sims speculum
- ☐ Sutures
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to show

Collection: EMERGENCY_CARE

Contains: CL_EM_RM, COL_EMER

Show if: (SELECTION_AREA = 3:[Emergency care room]) or (TRASH = 1:[show all folders])

Emergency delivery room

Question: CL_EM_RM

Required

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
-1	Don't provide service	
-2	Decline to show	



34. Ask to see emergency room and indicate the setting (Select one answer)

- ☐ Private room with visual and auditory privacy
- ☐ Non-private room with auditory and visual privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Don't provide service
- ☐ Decline to show

Collection: COL_EMER

Contains: Show if: (CL_EM_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private

[room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy]]

Record the availability, condition and number of the following equipment and supplies

Custom Layout Question: C_EMG_INPUT_BASIC1

35.	Observed (yes/no)	Total observed	Total number of working
Blood pressure apparatus	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Portable Doppler	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tank of oxygen	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult resuscitation bag	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Neonatal resuscitation bag	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Laryngoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Uterine curettage kit	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Custom Layout Question: C_EMG_INPUT_BASIC2

36.	Observed (yes/no)	Functioning
Central oxygen supply	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

Custom Layout Question: C_EMG_INPUT_BASIC3

37.	Observed (yes/no)	Total observed	total functioning
Pinard stethoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Record the availability, condition and number of the following equipment and supplies

Custom Layout Question: C_EMG_INPUT_COMP1

38.	Observed (yes/no)	Total observed	Total functioning
Blood pressure apparatus	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pediatric stethoscope	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Portable Doppler	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tank of oxygen	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult resuscitation bag	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Neonatal resuscitation bag	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>


Laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MVA kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Equipment for anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
C-section kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Custom Layout Question: C_EMG_INPUT_COMP2

39.  Observed (yes/no) Functioning


Central oxygen supply ☐ ☐

Custom Layout Question: C_EMG_INPUT_COMP3

40.  Observed (yes/no) Total observed Total functioning

Neonatal stethoscope ☐

Custom Layout Question: C_EMG_INPUT_COMP4

41.  Observed (yes/no) Total observed Total functioning

Pinard stethoscope ☐

Collection: CHILD_HEALTH_SERVICES


Contains: CL_CHILD_RM, COL_CHLD

Show if: (SELECTION_AREA = 4:[Child health services room]) or (TRASH = 1:[show all folders])

Child health services room
Question: CL_CHILD_RM

Required

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide service	
-2	Declined to show	

42.  Ask to see where child health services are provided and indicate the setting (Select one option)

☐ Private room with visual and auditory privacy
☐ Non-private room with auditory and visual privacy
☐ Visual privacy only
☐ No privacy
☐ Other
☐ Don't provide service
☐ Declined to show

Collection: COL_CHLD

Contains: GROW_DEV_CHART_BC, CH_MATERIALS_1, REG_CHL_SER

Show if: (CL_CHILD_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Please note availability of the following supplies and equipment

Custom Layout Question: C_CLD_INPUT1_AMB

43.	Observed (yes/no)	Total observed	Total functioning
Pediatric scales	<input type="checkbox"/> <input type="checkbox"/>		
Salter Scales	<input type="checkbox"/> <input type="checkbox"/>		
Height rod	<input type="checkbox"/> <input type="checkbox"/>		
Measuring tape	<input type="checkbox"/> <input type="checkbox"/>		
Stethoscope	<input type="checkbox"/> <input type="checkbox"/>		
Pediatric stethoscope	<input type="checkbox"/> <input type="checkbox"/>		
Oto- ophthalmoscope	<input type="checkbox"/> <input type="checkbox"/>		
Hand lamp	<input type="checkbox"/> <input type="checkbox"/>		
Examination table or stretcher	<input type="checkbox"/> <input type="checkbox"/>		

Custom Layout Question: C_CLD_INPUT1_BC

44.	Observed (yes/no)	Total observed	Total functioning
Pediatric scales	<input type="checkbox"/> <input type="checkbox"/>		
Height rod	<input type="checkbox"/> <input type="checkbox"/>		
Measuring tape	<input type="checkbox"/> <input type="checkbox"/>		
Pediatric blood pressure apparatus	<input type="checkbox"/> <input type="checkbox"/>		
Neonatal tensiometer/neonatal blood pressure apparatus	<input type="checkbox"/> <input type="checkbox"/>		
Pediatric stethoscope	<input type="checkbox"/> <input type="checkbox"/>		
Hand lamp	<input type="checkbox"/> <input type="checkbox"/>		
Binaural stethoscope for newborns	<input type="checkbox"/> <input type="checkbox"/>		
Reflex hammer	<input type="checkbox"/> <input type="checkbox"/>		
Negatoscope/ view box	<input type="checkbox"/> <input type="checkbox"/>		
Pantascope	<input type="checkbox"/> <input type="checkbox"/>		
Examination table or stretcher	<input type="checkbox"/> <input type="checkbox"/>		
Oto-ophthalmoscope	<input type="checkbox"/> <input type="checkbox"/>		

Question: GROW_DEV_CHART_BC**Required****Show if:** (FACILITY_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



45. Please check availability of growth and development card

- ☐ Observed
- ☐ Not observed

Custom Layout Question: C_CLD_INPUT2_AMB

46. Observed (yes/no)

Oral thermometer

Growth and development card

Custom Layout Question: C_CLD_INPUT2_BC

47. Observed (yes/no)

Oral thermometer

Axillary Thermometer

Custom Layout Question: C_CLD_INPUT3_AMB

48. Observed (yes/no)

Axillary thermometer

Question Block: CH_MATERIALS_1**Contains:** CH_MATERIALS_1_1, CH_MATERIALS_1_2**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Declined to show	



49. Please note that the following materials should be placed on the wall or in any visible place

	Observed	Not observed	Declined to show
Printed materials on danger signs and symptoms of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on child growth and child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: REG_CHL_SER**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other (specify)	
-2	Declined to show	



51. If available, ask to see the register(s) where child service information is recorded

(Select one option).

- ☐ Observed
☐ Not observed
☐ Other (specify)
☐ Declined to show

Collection: VACCINATION

Contains: CL_IMM_RM, COL_VACC

Show if: (SELECTION_AREA = 6:[Immunization room]) or (TRASH = 1:[show all folders])

Immunization room

Question: CL_IMM_RM
Required

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide service	
-2	Declined to show	



52. Ask to see where immunization services are provided and indicate the setting (Select one answer)

- ☐ Private room with visual and auditory privacy
☐ Non-private room with auditory and visual privacy
☐ Visual privacy only
☐ No privacy
☐ Other
☐ Don't provide service
☐ Declined to show

Collection: COL_VACC

Contains: CL_VAC_INJ_TYPE_, REG_IMM_SER, CL_CHILD_VAC_ITEMS

Show if: (CL_IMM_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Question: CL_VAC_INJ_TYPE_
Minimum checks: 1



53. Ask to see the injection equipment used during routine immunization sessions at this facility. Note the type too.
(Select all that apply)

- ☐ Observed, single use
☐ Observed, sterilizable
☐ Observed, auto-disable

- ☐ Observed, other
- ☐ Not observed
- ☐ Declined to show

Question: REG_IMM_SER

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other (specify)	
-2	Declined to show	



54. If available, ask to see the Child Health Services Logbook(s) where child immunization service information is recorded.

(SELECT ONE OPTION).

- ☐ Observed
- ☐ Not observed
- ☐ Other (specify)
- ☐ Declined to show

Question Block: CL_CHILD_VAC_ITEMS

Contains: CL_CHILD_VAC_ITEMS_1, CL_CHILD_VAC_ITEMS_2

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



55. Check for items required for immunization services

	Observed	Not observed	Other	Declined to show
National vaccination scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summary sheet or vaccination cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Collection: COLD_CHAIN

Contains: VACC_STR1, COL_COLD_CHAIN

Show if: (SELECTION_AREA = 7:[Vaccine supply and cold chain]) or (TRASH = 1:[show all folders])

Cold chain

Question: VACC_STR1

Required

Scale Summary		
Code	Label	Show-If
1	Yes, stores vaccines	
2	Collected from another health facility before use	
0	No vaccines are stored	
-2	Declined to respond	



57. Please check if this health facility stores any vaccines.

(Keeping vaccines 1-2 days only for immediate use is not considered storing vaccines)

(SELECT ONE OPTION)

- ☐ Yes, stores vaccines
☐ Collected from another health facility before use
☐ No vaccines are stored
☐ Declined to respond

Collection: COL_COLD_CHAIN**Contains:** REF_DIS, CL_VAC_CARR, CL_VAC_CARR_ICE, VAC_SUPPLY, CL_VAC_TEMP_1, CL_VAC_TEMP_2, CL_VAC_TEMP_3, CL_VAC_TEMP_4, CL_VAC_TEMP_5, CL_VAC_TEMP_6, CL_VAC_TEMP_7, CL_VAC_TEMP_8, CL_VAC_TEMP_9, CL_VAC_TEMP_10**Show if:** (VACC_STR1 is-any-of 1:[Yes, stores vaccines] or 2:[Collected from another health facility before use])

Ask to go to where vaccines are stored, and check the equipment used to store vaccines

Custom Layout Question: C_VAC_STR

58.

Total quantity used

Number working

for vaccine storage

0=none; -2=decline to show 0=none; -2=decline to show

Electric refrigerator

Kerosene refrigerator

Gas refrigerator

Solar refrigerator

Cold box

Custom Layout Question: C_VAC_STR_2

59.

Total quantity used

Number working

NOT for vaccine storage

0=none; -2=decline to show 0=none; -2=decline to show

Electric refrigerator

Kerosene refrigerator

Gas refrigerator

Solar refrigerator

Cold box

Ask to see thermometers and indicate the following

Custom Layout Question: C_VAC_THERM

60.

Total quantity

Number working

0=none; -2=decline to show 0=none; -2=decline to show

Digital thermometers

Alcohol thermometers

Other (specify)

Question: REF_DIS
Required

Scale Summary		
Code	Label	Show-If
1	Less than 10 cm	
2	10-30 cm	
3	More than 30 cm	
-1	Don't know	
-2	Declined to show	



61. How far are the refrigerators from the wall?

- ☐ Less than 10 cm
☐ 10-30 cm
☐ More than 30 cm
☐ Don't know
☐ Declined to show

Question: CL_VAC_CARR
Required

Scale Summary		
Code	Label	Show-If
1	Observed, # of carriers seen:	
2	Reported, but not seen	
0	Not observed	
995	Other	
-2	Declined to show	



62. Ask to see the vaccine carriers and assess their condition

- ☐ Observed, # of carriers seen:
☐ Reported, but not seen
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_CARR_ICE
Required**Show if:** (CL_VAC_CARR = 1:[Observed, # of carriers seen:])

Scale Summary		
Code	Label	Show-If
1	Observed, one set	
2	Observed, two or more sets	
0	None seen	
995	Other	
-2	Declined to show	



63. Ask to see the ice packs used for the vaccine carriers (set = four or five per carrier)

- ☐ Observed, one set
☐ Observed, two or more sets
☐ None seen
☐ Other
☐ Declined to show

Collection: VAC_SUPPLY**Contains:** REG_SUP_VAC, VAC_KARDEX, VAC_SUP_TM1

Vaccine supply

Question: REG_SUP_VAC
Required

Scale Summary		
Code	Label	Show-If
1	Register observed	
0	Not observed	
995	Other	
-2	Declined to show	
-3	Don't provide immunization services	



64. If available, ask to see register(s) where vaccine supply information is recorded

- ☐ Register observed
☐ Not observed
☐ Other
☐ Declined to show
☐ Don't provide immunization services

Jump-To: JUMP_DIAGNOSTIC

Description:

Jump-To-Item: SELECTION_AREA

Jump-If: (REG_SUP_VAC is-any-of -2:[Declined to show] or -3:[Don't provide immunization services])

Please check the area where vaccines are stored and note the following information

Custom Layout Question: C_VAC_REG_1



65. Check whether the following are available **today:**

Observed (yes/no)

Pentavalent (includes DPT, Hib, Hepb)

Polio

MMR

Influenza

BCG

DT (Tetanus)

Rotavirus

Pneumococcal conjugate

Question Block: VAC_KARDEX

Contains: KARDEX_VAC_PENTA, KARDEX_VAC_DPT, KARDEX_VAC_HIB, KARDEX_VAC_HEPB, KARDEX_VAC_POLIO, KARDEX_VAC_MMR, KARDEX_VAC_FLU, KARDEX_VAC_ROTA, KARDEX_VAC_PNEUM, KARDEX_VAC_BCG, KARDEX_VAC_TETANUS1

Required

Scale Summary		
Code	Label	Show-If
1	Bin card / kardex was observed	
0	Bin card / kardex was NOT observed	
-1	Not captured at this facility	



66. Check the following with the bin card / kardex or other record of the following vaccines:

	Bin card / kardex was observed	Bin card / kardex was NOT observed	Not captured at this facility

Pentavalent (includes DPT, Hib, HepB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DPT [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hib [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepb [separate, not as part of the pentavalent vaccine]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MMR (Measles, mumps and rubella)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumococcal conjugate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BCG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DT (Tetanus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Custom Layout Question: C_VAC_REG_2


77.

Observed (yes/no)

DPT [separate, not as part of the pentavalent vaccine]

☐ ☐

Hepb [separate, not as part of the pentavalent vaccine]

☐ ☐

Hib [separate, not as part of the pentavalent vaccine]

☐ ☐

Please ask to see bin cards/ kardex or other registry where information about stock of inputs is recorded and note the following information.

If for any **ONE day** the facility was:

Custom Layout Question: C_VAC_SUP


78.

DT (Tetanus)

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐
Custom Layout Question: C_VAC_SUP_BCG


79.

BCG

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐

Custom Layout Question: C_VAC_SUP_MMR

80.

MMR

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_VAC_SUP_PENTA

81.

Pentavalent

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_VAC_SUP_DPT

82.

DPT [separate, not as part of the
pentavalent vaccine]

Stocked out (or without item) in the last month

 Stocked out (or without item) between the
previous 1st – 2nd months Stocked out (or without item) between the
previous 2nd – 3rd months **Custom Layout Question: C_VAC_SUP_HEPB**

83.

Hepatitis B [separate, not as part of the
pentavalent vaccine]

Stocked out (or without item) in the last month

 Stocked out (or without item) between the
previous 1st – 2nd months Stocked out (or without item) between the
previous 2nd – 3rd months **Custom Layout Question: C_VAC_SUP_HIB**

84.

Hib [separate, not as part of the
pentavalent vaccine]

Stocked out (or without item) in the last month

 Stocked out (or without item) between the
previous 1st – 2nd months Stocked out (or without item) between the
previous 2nd – 3rd months **Custom Layout Question: C_VAC_SUP_POLIO**

85.

Polio

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_VAC_SUP_FLU



86.

Influenza

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_VAC_SUP_ROT



87.

Rotavirus

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_VAC_SUP_PNEU



88.

Pneumococcal
conjugate

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd
months

Stocked out (or without item) between the previous 2nd – 3rd
months

Question: VAC_SUP_TM1

Required

Show if: (REG_SUP_VAC = 1:[Register observed])

Scale Summary		
Code	Label	Show-If
1	Within prior 4 weeks	
2	Between 4 and 12 weeks ago	
3	More than 12 weeks ago	
0	There is no routine system	
-1	Don't know	



89. Please check as to the last time that this health facility received a new supply of vaccines. This includes supplies that the health facility ordered itself, and/or supplies recieved as part of the routine supply system. (SELECT ONE OPTION)

- ☐ Within prior 4 weeks
- ☐ Between 4 and 12 weeks ago
- ☐ More than 12 weeks ago
- ☐ There is no routine system
- ☐ Don't know

Collection: CL_VAC_TEMP_1

Contains: CL_VAC_TEMP1_1, CL_VAC_TEMP_CHRT_1, CL_VAC_TEMP_MISS_1, CL_VAC_TEMP_REC_1, CL_VAC_TEMP_REC_BELOW_1, CL_VAC_TEMP_REC_ACT_1, CL_VAC_TEMP_PRT_1

Show if: (FRIDGE > 0)

For refrigerator #1, respond to the following questions:

Question: CL_VAC_TEMP1_1**Required**

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



90. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
☐ Not observed
☐ Thermometer not functioning
☐ No thermometer
☐ Other (specify)
☐ Declined to show

Question: CL_VAC_TEMP_CHRT_1**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



91. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_MISS_1**Required****Show if:** (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



92. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: CL_VAC_TEMP_REC_1**Required****Show if:** (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



93. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
☐ No, not completed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_1**Required****Show if:** (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



94. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_1**Required****Show if:** (CL_VAC_TEMP_CHRT_1 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_1.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



95. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
☐ Not recorded

Question: CL_VAC_TEMP_PRT_1**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



96. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected

- ☐ Not protected
☐ Other
☐ Declined to show

Collection: CL_VAC_TEMP_2

Contains: CL_VAC_TEMP1_2, CL_VAC_TEMP_CHRT_2, CL_VAC_TEMP_MISS_2, CL_VAC_TEMP_REC_2, CL_VAC_TEMP_REC_BELOW_2, CL_VAC_TEMP_REC_ACT_2, CL_VAC_TEMP_PRT_2

Show if: (FRIDGE > 1)

For refrigerator #2, respond to the following questions:

Question: CL_VAC_TEMP1_2

Required

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



97. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
☐ Not observed
☐ Thermometer not functioning
☐ No thermometer
☐ Other (specify)
☐ Declined to show

Question: CL_VAC_TEMP_CHRT_2

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



98. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_MISS_2

Required

Show if: (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

-1	Don't know	
-2	Decline to respond	



99. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: CL_VAC_TEMP_REC_2

Required

Show if: (CL_VAC_TEMP_CHRT_2 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



100. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
☐ No, not completed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_2

Required

Show if: (CL_VAC_TEMP_CHRT_2 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



101. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_2

Required

Show if: (CL_VAC_TEMP_CHRT_2 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_2.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



102. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
☐ Not recorded

Question: CL_VAC_TEMP_PRT_2**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



103. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected
☐ Not protected
☐ Other
☐ Declined to show

Collection: CL_VAC_TEMP_3**Contains:** CL_VAC_TEMP1_3, CL_VAC_TEMP_CHRT_3, CL_VAC_TEMP_MISS_3, CL_VAC_TEMP_REC_3, CL_VAC_TEMP_REC_BELOW_3, CL_VAC_TEMP_REC_ACT_3, CL_VAC_TEMP_PRT_3**Show if:** (FRIDGE > 2)**For refrigerator #3, respond to the following questions:****Question:** CL_VAC_TEMP1_3**Required**

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



104. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
☐ Not observed
☐ Thermometer not functioning
☐ No thermometer
☐ Other (specify)
☐ Declined to show

Question: CL_VAC_TEMP_CHRT_3**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



105. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
☐ Not observed

- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_MISS_3

Required

Show if: (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



106. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: CL_VAC_TEMP_REC_3

Required

Show if: (CL_VAC_TEMP_CHRT_3 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



107. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
- ☐ No, not completed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_3

Required

Show if: (CL_VAC_TEMP_CHRT_3 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



108. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
- ☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_3

Required

Show if: (CL_VAC_TEMP_CHRT_3 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_3.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



109. Specify what was done on the days when temperature wasn't 2-8 C?

☐ Specify action

☐ Not recorded

Question: CL_VAC_TEMP_PRT_3

Required

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



110. Indicate whether the refrigerator or cold box is protected from direct sunlight

☐ Yes, protected

☐ Not protected

☐ Other

☐ Declined to show

Collection: CL_VAC_TEMP_4

Contains: CL_VAC_TEMP1_4, CL_VAC_TEMP_CHRT_4, CL_VAC_TEMP_MISS_4, CL_VAC_TEMP_REC_4, CL_VAC_TEMP_REC_BELOW_4, CL_VAC_TEMP_REC_ACT_4, CL_VAC_TEMP_PRT_4

Show if: (FRIDGE > 3)

For refrigerator #4, respond to the following questions:

Question: CL_VAC_TEMP1_4

Required

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



111. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

☐ Temperature centigrade

☐ Not observed

☐ Thermometer not functioning

☐ No thermometer

☐ Other (specify)

☐ Declined to show

Question: CL_VAC_TEMP_CHRT_4

Required

Scale Summary		
Code	Label	Show-If

1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



112. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_MISS_4

Required

Show if: (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



113. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: CL_VAC_TEMP_REC_4

Required

Show if: (CL_VAC_TEMP_CHRT_4 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



114. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
☐ No, not completed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_4

Required

Show if: (CL_VAC_TEMP_CHRT_4 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	

-1	Not recorded	
----	--------------	--



115. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
- ☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_4

Required

Show if: (CL_VAC_TEMP_CHRT_4 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_4.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



116. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
- ☐ Not recorded

Question: CL_VAC_TEMP_PRT_4

Required

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



117. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected
- ☐ Not protected
- ☐ Other
- ☐ Declined to show

Collection: CL_VAC_TEMP_5

Contains: CL_VAC_TEMP1_5, CL_VAC_TEMP_CHRT_5, CL_VAC_TEMP_MISS_5, CL_VAC_TEMP_REC_5, CL_VAC_TEMP_REC_BELOW_5, CL_VAC_TEMP_REC_ACT_5, CL_VAC_TEMP_PRT_5

Show if: (FRIDGE > 4)

For refrigerator #5, respond to the following questions:

Question: CL_VAC_TEMP1_5

Required

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



118. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
- ☐ Not observed

- ☐ Thermometer not functioning
☐ No thermometer
☐ Other (specify)
☐ Declined to show

Question: CL_VAC_TEMP_CHRT_5

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



119. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_MISS_5

Required

Show if: (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



120. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: CL_VAC_TEMP_REC_5

Required

Show if: (CL_VAC_TEMP_CHRT_5 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



121. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
☐ No, not completed

- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_5

Required

Show if: (CL_VAC_TEMP_CHRT_5 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



122. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
- ☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_5

Required

Show if: (CL_VAC_TEMP_CHRT_5 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_5.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



123. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
- ☐ Not recorded

Question: CL_VAC_TEMP_PRT_5

Required

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



124. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected
- ☐ Not protected
- ☐ Other
- ☐ Declined to show

Collection: CL_VAC_TEMP_6

Contains: CL_VAC_TEMP1_6, CL_VAC_TEMP_CHRT_6, CL_VAC_TEMP_MISS_6, CL_VAC_TEMP_REC_6, CL_VAC_TEMP_REC_BELOW_6, CL_VAC_TEMP_REC_ACT_6, CL_VAC_TEMP_PRT_6

Show if: (FRIDGE > 5)

For refrigerator #6, respond to the following questions:

Question: CL_VAC_TEMP1_6

Required

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	

3	No thermometer	
995	Other (specify)	
-2	Declined to show	



125. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
- ☐ Not observed
- ☐ Thermometer not functioning
- ☐ No thermometer
- ☐ Other (specify)
- ☐ Declined to show

Question: CL_VAC_TEMP_CHRT_6

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



126. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_MISS_6

Required

Show if: (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



127. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: CL_VAC_TEMP_REC_6

Required

Show if: (CL_VAC_TEMP_CHRT_6 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	

0	Not observed	
995	Other	
-2	Declined to show	



128. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
☐ No, not completed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_6

Required

Show if: (CL_VAC_TEMP_CHRT_6 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



129. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_6

Required

Show if: (CL_VAC_TEMP_CHRT_6 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_6.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



130. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
☐ Not recorded

Question: CL_VAC_TEMP_PRT_6

Required

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



131. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected
☐ Not protected
☐ Other
☐ Declined to show

Collection: CL_VAC_TEMP_7

Contains: CL_VAC_TEMP1_7, CL_VAC_TEMP_CHRT_7, CL_VAC_TEMP_MISS_7, CL_VAC_TEMP_REC_7, CL_VAC_TEMP_REC_BELOW_7, CL_VAC_TEMP_REC_ACT_7, CL_VAC_TEMP_PRT_7

Show if: (FRIDGE > 6)

For refrigerator #7, respond to the following questions:

Question: CL_VAC_TEMP1_7

Required

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



132. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
- ☐ Not observed
- ☐ Thermometer not functioning
- ☐ No thermometer
- ☐ Other (specify)
- ☐ Declined to show

Question: CL_VAC_TEMP_CHRT_7

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



133. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_MISS_7

Required

Show if: (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



134. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
- ☐ No

- ☐ Don't know
- ☐ Decline to respond

Question: CL_VAC_TEMP_REC_7

Required

Show if: (CL_VAC_TEMP_CHRT_7 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



135. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
- ☐ No, not completed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_7

Required

Show if: (CL_VAC_TEMP_CHRT_7 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



136. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
- ☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_7

Required

Show if: (CL_VAC_TEMP_CHRT_7 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_7.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



137. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
- ☐ Not recorded

Question: CL_VAC_TEMP_PRT_7

Required

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	

-2 Declined to show



138. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected
- ☐ Not protected
- ☐ Other
- ☐ Declined to show

Collection: CL_VAC_TEMP_8

Contains: CL_VAC_TEMP1_8, CL_VAC_TEMP_CHRT_8, CL_VAC_TEMP_MISS_8, CL_VAC_TEMP_REC_8, CL_VAC_TEMP_REC_BELOW_8, CL_VAC_TEMP_REC_ACT_8, CL_VAC_TEMP_PRT_8

Show if: (FRIDGE > 7)

For refrigerator #8, respond to the following questions:

Question: CL_VAC_TEMP1_8

Required

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



139. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
- ☐ Not observed
- ☐ Thermometer not functioning
- ☐ No thermometer
- ☐ Other (specify)
- ☐ Declined to show

Question: CL_VAC_TEMP_CHRT_8

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



140. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_MISS_8

Required

Show if: (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



141. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: CL_VAC_TEMP_REC_8

Required

Show if: (CL_VAC_TEMP_CHRT_8 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



142. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
☐ No, not completed
☐ Not observed
☐ Other
☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_8

Required

Show if: (CL_VAC_TEMP_CHRT_8 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



143. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_8

Required

Show if: (CL_VAC_TEMP_CHRT_8 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_8.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



144. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
- ☐ Not recorded

Question: CL_VAC_TEMP_PRT_8

Required

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



145. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected
- ☐ Not protected
- ☐ Other
- ☐ Declined to show

Collection: CL_VAC_TEMP_9

Contains: CL_VAC_TEMP1_9, CL_VAC_TEMP_CHRT_9, CL_VAC_TEMP_MISS_9, CL_VAC_TEMP_REC_9, CL_VAC_TEMP_REC_BELOW_9, CL_VAC_TEMP_REC_ACT_9, CL_VAC_TEMP_PRT_9

Show if: (FRIDGE > 8)

For refrigerator #9, respond to the following questions:

Question: CL_VAC_TEMP1_9

Required

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



146. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
- ☐ Not observed
- ☐ Thermometer not functioning
- ☐ No thermometer
- ☐ Other (specify)
- ☐ Declined to show

Question: CL_VAC_TEMP_CHRT_9

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



147. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_MISS_9**Required****Show if:** (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



148. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: CL_VAC_TEMP_REC_9**Required****Show if:** (CL_VAC_TEMP_CHRT_9 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



149. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
- ☐ No, not completed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_9**Required****Show if:** (CL_VAC_TEMP_CHRT_9 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



150. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
- ☐ Not recorded



Question: CL_VAC_TEMP_REC_ACT_9

Required

Show if: (CL_VAC_TEMP_CHRT_9 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_9.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



151. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
- ☐ Not recorded

Question: CL_VAC_TEMP_PRT_9

Required

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



152. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected
- ☐ Not protected
- ☐ Other
- ☐ Declined to show

Collection: CL_VAC_TEMP_10

Contains: CL_VAC_TEMP1_10, CL_VAC_TEMP_CHRT_10, CL_VAC_TEMP_MISS_10, CL_VAC_TEMP_REC_10, CL_VAC_TEMP_REC_BELOW_10, CL_VAC_TEMP_REC_ACT_10, CL_VAC_TEMP_PRT_10

Show if: (FRIDGE > 9)

For refrigerator #10, respond to the following questions:

Question: CL_VAC_TEMP1_10

Required

Scale Summary		
Code	Label	Show-If
1	Temperature centigrade	
0	Not observed	
2	Thermometer not functioning	
3	No thermometer	
995	Other (specify)	
-2	Declined to show	



153. Indicate the temperature inside the refrigerator or cold box. If more than one system/storage equipment is used, select the one where DPT-Hib is stored and check the temperature.

(SELECT ONE OPTION)

- ☐ Temperature centigrade
- ☐ Not observed
- ☐ Thermometer not functioning
- ☐ No thermometer
- ☐ Other (specify)
- ☐ Declined to show

Question: CL_VAC_TEMP_CHRT_10**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-2	Declined to show	



154. Ask to see the cold-chain temperature-monitoring chart.

(SELECT ONE OPTION)

- ☐ Observed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_MISS_10**Required****Show if:** (CL_VAC_TEMP_CHRT_1 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



155. Is there any day in the last 30 days, excluding weekends and holidays, that the temperature was not recorded twice?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: CL_VAC_TEMP_REC_10**Required****Show if:** (CL_VAC_TEMP_CHRT_10 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, completed	
2	No, not completed	
0	Not observed	
995	Other	
-2	Declined to show	



156. Check whether the temperature record was completed twice daily for each of the past 30 days.

(Select one option):

- ☐ Yes, completed
- ☐ No, not completed
- ☐ Not observed
- ☐ Other
- ☐ Declined to show

Question: CL_VAC_TEMP_REC_BELOW_10

Required**Show if:** (CL_VAC_TEMP_CHRT_10 = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Number of days	
-1	Not recorded	



157. Please check the registry and indicate on how many days during the last 30 days the temperature was out of 2-8 C?

- ☐ Number of days
- ☐ Not recorded

Question: CL_VAC_TEMP_REC_ACT_10**Required****Show if:** (CL_VAC_TEMP_CHRT_10 = 1:[Observed]) and (CL_VAC_TEMP_REC_BELOW_10.DAY > 0)

Scale Summary		
Code	Label	Show-If
1	Specify action	
-1	Not recorded	



158. Specify what was done on the days when temperature wasn't 2-8 C?

- ☐ Specify action
- ☐ Not recorded

Question: CL_VAC_TEMP_PRT_10**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, protected	
0	Not protected	
995	Other	
-2	Declined to show	



159. Indicate whether the refrigerator or cold box is protected from direct sunlight

- ☐ Yes, protected
- ☐ Not protected
- ☐ Other
- ☐ Declined to show

Collection: FAMILY_PLANNING**Contains:** CL_FP_RM, COL_FP, JOB_AID_TOOLS**Show if:** (SELECTION_AREA = 5:[Family planning area]) or (TRASH = 1:[show all folders])**Family planning room****Question:** CL_FP_RM**Required**

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Non-private room with auditory and visual privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide service	
-2	Declined to show	



160. Ask to see where counseling for family planning is provided and indicate the setting.
(SELECT ONE OPTION):

- ☐ Private room with visual and auditory privacy
- ☐ Non-private room with auditory and visual privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Other
- ☐ Don't provide service
- ☐ Declined to show

Collection: COL_FP

Contains: CONTRA_AV2, CONTRA_STORE, KARDEX_FP, FP_STOCKOUT_AMB, FP_STOCKOUT_BC, CONTRA_SUP_TM1, FP_AV_REG, FP_OUT, AVAIL_PRO, FP_MATERIALS, FP_COUN_MAT, EDU_MAT_ADOLESC

Show if: (CL_FP_RM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Non-private room with auditory and visual privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Question: CONTRA_AV2

Minimum checks: 1



161. Please check whether any contraceptive methods are stored in this facility. (SELECT ALL THAT APPLY)

- ☐ Yes, in family planning (FP) service area
- ☐ Yes, in pharmacy or other site
- ☐ Yes, area locked, no access
- ☐ No
- ☐ Don't know

Question: CONTRA_STORE

Required

Show if: (CONTRA_AV2 is-any-of)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	



162. Please check whether contraceptive supplies are stored in the same location as other medicines.

(SELECT ONE OPTION)

- ☐ Yes
- ☐ No
- ☐ Don't know

Custom Layout Question: C_FP_INPUT1_BC



163.

	Observed (yes/no)	Total observed
IUD insertion kit	<input type="checkbox"/>	<input type="text"/>
Surgical equipment for bilateral tubal ligation	<input type="checkbox"/>	<input type="text"/>
Surgical equipment for vasectomy	<input type="checkbox"/>	<input type="text"/>

Record the availability of the following equipment

Custom Layout Question: C_FP_INPUT2_AMB



164.

Observed (yes/no)

Male condom	<input type="checkbox"/>	<input type="checkbox"/>
Female condom	<input type="checkbox"/>	<input type="checkbox"/>
Combined oral pill (e.g. microgynon)	<input type="checkbox"/>	<input type="checkbox"/>
Progestin-only pill	<input type="checkbox"/>	<input type="checkbox"/>
Combined injectable (with estrogen) (1 monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Progestin-only injectable (2 or 3 monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pill	<input type="checkbox"/>	<input type="checkbox"/>
Spermicides	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>
Implant(e.g. 6 rod,1 rod, implanon, jadelle, norplant)	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine device	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custom Layout Question: C_FP_INPUT2_BC

165.

Observed (yes/no)

Male condom	<input type="checkbox"/>	<input type="checkbox"/>
Female condom	<input type="checkbox"/>	<input type="checkbox"/>
Combined oral pill (e.g. microgynon)	<input type="checkbox"/>	<input type="checkbox"/>
Progestin-only pill	<input type="checkbox"/>	<input type="checkbox"/>
Combined injectable (with estrogen) (1 monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Progestin-only injectable (2 or 3 monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pill	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine device	<input type="checkbox"/>	<input type="checkbox"/>
Implant(e.g. 6 rod,1 rod, implanon, jadelle, norplant)	<input type="checkbox"/>	<input type="checkbox"/>
Spermicides	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please ask to see bin card, kardex or registry where information about stock of inputs is recorded and note the following information:

Question Block: KARDEX_FP**Contains:** KARDEX_FP_OCP, KARDEX_FP_OCPPROG, KARDEX_FP_OCPEMG, KARDEX_FP_INJPRONG, KARDEX_FP_INJ, KARDEX_FP_MCON, KARDEX_FP_IUDEVICE, KARDEX_FP_IUD**Required**

Show if: (CONTRA_AV2 is-any-of)

Scale Summary		
Code	Label	Show-If
1	Bin card / kardex was observed	
0	Bin card / kardex was NOT observed	
-1	Not captured at this facility	



166. Check the following bin card, kardex or other record:

	Bin card / kardex was observed	Bin card / kardex was NOT observed	Not captured at this facility
--	--------------------------------	------------------------------------	-------------------------------

Combination pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin-only pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraceptive pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injectable progestin-only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combined injectables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrauterine device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IUD insertion kit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Collection: FP_STOCKOUT_AMB

Contains: Show if: (FACILITY_TYPE = 1)

Custom Layout Question: C_FP_INPUT3_1_AMB



174.

Progestin-only pill

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_FP_INPUT3_2_AMB



175.

Combined oral pill

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_FP_INPUT3_3_AMB



176.

Progestin-only
injectable

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd
months

Stocked out (or without item) between the previous 2nd – 3rd
months

Custom Layout Question: C_FP_INPUT3_4_AMB



177.

Combined
injectable

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼ ▼**Custom Layout Question:** C_FP_INPUT3_5_AMB

178.

Male condom

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question:** C_FP_INPUT3_6_AMB

179.

Intrauterine device

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Collection:** FP_STOCKOUT_BC**Contains: Show if:** (FACILITY_TYPE >= 2)**Custom Layout Question:** C_FP_INPUT3_1_BC

180.

Progestin-only pill

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question:** C_FP_INPUT3_2_BC

181.

Combined oral pill

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question:** C_FP_INPUT3_3_BC

182.

Progestin-only
injectable

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question:** C_FP_INPUT3_4_BC

183.

Combined

injectable

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐**Custom Layout Question:** C_FP_INPUT3_5_BC

184.

Male condom

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐**Custom Layout Question:** C_FP_INPUT3_6_BC

185.

Intrauterine
Device

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐**Question:** CONTRA_SUP_TM1**Required****Show if:** (CONTRA_AV2 is-any-of)

Scale Summary		
Code	Label	Show-If
1	Within prior 4 weeks	
2	Between 4 and 12 weeks ago	
3	More than 12 weeks ago	
0	There is no routine supply system	
-1	Don't know	



186. Please check as to the last time this health facility received a new supply of contraceptives. This includes supplies that the health facility ordered and/or supplies provided as part of a routine supply system.

(SELECT ONE OPTION).

- ☐ Within prior 4 weeks
☐ Between 4 and 12 weeks ago
☐ More than 12 weeks ago
☐ There is no routine supply system
☐ Don't know

Question: FP_AV_REG**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other (specify)	
-1	Declined to show	



187. If available, ask to see register(s) where information about counseling on family planning is recorded.

- ☐ Observed
- ☐ Not observed
- ☐ Other (specify)
- ☐ Declined to show

Question: FP_OUT

Required

Scale Summary		
Code	Label	Show-If
1	Yes, number of days in the last month:	
2	Yes, number of days in last three months:	
0	No outreach service	
-1	Don't know	
-2	Decline to show	



188. Please ask to see the outreach family planning services/family planning mobile clinic registry and check how frequently family planning outreach services are offered at this facility.

(SELECT ONE OPTION)

- ☐ Yes, number of days in the last month:
- ☐ Yes, number of days in last three months:
- ☐ No outreach service
- ☐ Don't know
- ☐ Decline to show

Question Block: AVAIL_PRO

Contains: FAMILY_PLANNING_1, FAMILY_PLANNING_2, FAMILY_PLANNING_3

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-1	Declined to show	



189. Note the availability of the following protocols and teaching materials

(Select one in each)

	Observed	Not observed	Declined to show
Any guideline or protocol on family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines on the syndromic approach for STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other guidelines or protocols for diagnosing or treating STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: FP_MATERIALS

Contains: FP_MATERIALS_1, FP_MATERIALS_2, FP_MATERIALS_3, FP_MATERIALS_4, FP_MATERIALS_5, FP_MATERIALS_6, FP_MATERIALS_7

Required

Scale Summary		
Code	Label	Show-If
1	Observed	

0	Not observed	
-1	Declined to show	



192. Ask to see the following types of information booklets or pamphlets for clients to take home.

	Observed	Not observed	Declined to show
Printed materials on hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on danger signs and symptoms of sick children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on child growth and child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials on breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posters on family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posters for general awareness of STIs or HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: FP_COUN_MAT

Contains: FAMILY_PLANNING_8, FAMILY_PLANNING_9, FAMILY_PLANNING_10, FAMILY_PLANNING_11, FAMILY_PLANNING_12

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	



199. Ask to see the following counseling materials on family planning

	Observed	Not observed	Decline to show
Anatomical models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flip charts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brochures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: EDU_MAT_ADOLESC

Contains: FAMILY_PLANNING_14, FAMILY_PLANNING_15, FAMILY_PLANNING_17, FAMILY_PLANNING_18, FAMILY_PLANNING_19, FAMILY_PLANNING_20, FAMILY_PLANNING_21, FAMILY_PLANNING_22, FAMILY_PLANNING_23, FAMILY_PLANNING_24, FAMILY_PLANNING_25, FAMILY_PLANNING_26

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Decline to show	



204. Please check the availability of the following educational materials specifically targeted at adolescents:

	Observed	Not observed	Decline to show
Educational materials on menstrual period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive life plan worksheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual and Reproductive Health Passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Parent Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational materials on sex for teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptives for adolescents flip chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking of having a baby? 10 reasons not to (brochure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based Adolescent Sexual and Reproductive Health Programme (brochure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S & RH: Don't want to get pregnant right now? Birth Control (flyer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having Sex? Things you need to know now (flyer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growing up? It's a normal part of life (Puberty - flyer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek help from your CHW (poster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Collection: JOB_AID_TOOLS

Contains:

Custom Layout Question: FP_JOB_AID_TOOLS



216. Please check the availability of the following educational materials specifically targeted at adolescents:

5 P Checklist (as within a manual)

COC Fact Sheet / "What you need to know about birth control"

Checklist for Contraception / Job Aid tool

DEPO Fact Sheet

Protect yourself / "Use a condom the right way every time you have sex" (poster)

Dual Protection

"What you need to Know about Birth Control" - Preventing unwanted pregnancies (brochure)

STI's - Herpes (flyer)

STI's - Gonorrhea (flyer)

Observed
(yes/no)

☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

STI's - Genital Warts (flyer)

HIV/AIDS (flyer)

"Abstain or use modern contraceptive method" (poster)

Wheel Criteria

☐ ▼

☐ ▼

☐ ▼

☐ ▼

Collection: DIAGNOSTIC_IMAGING

Contains: CL_DIAG_RM, DIAGNOSTIC_IMAGING_1, DIAGNOSTIC_IMAGING_1_FUNC

Show if: (SELECTION_AREA = 8:[Diagnostic Imaging area]) or (TRASH = 1:[show all folders])

Diagnostic imaging area

Question: CL_DIAG_RM

Required

Scale Summary		
Code	Label	Show-If
1	Area or private office, with visual and auditory privacy	
2	Area or private office, without visual or auditory privacy	
3	Only area with visual privacy	
0	No private area	
-1	Don't provide service	
-2	Declined to show	



217. Ask to see the diagnostic imaging area.

SELECT ONE OPTION

- ☐ Area or private office, with visual and auditory privacy
- ☐ Area or private office, without visual or auditory privacy
- ☐ Only area with visual privacy
- ☐ No private area
- ☐ Don't provide service
- ☐ Declined to show

Question Block: DIAGNOSTIC_IMAGING_1

Contains: DIAGNOSTIC_IMAGING_1_1, DIAGNOSTIC_IMAGING_1_2, DIAGNOSTIC_IMAGING_1_3, DIAGNOSTIC_IMAGING_1_4

Required

Show if: (CL_DIAG_RM ≠ -1:[Don't provide service]) and (CL_DIAG_RM ≠ -2:[Declined to show])

Scale Summary		
Code	Label	Show-If
1	Observed number	
0	Not observed	
-2	Declined to show	



218.

Please note the availability and number of the following equipment and supplies.

(SELECT ONE RESPONSE FOR EACH QUESTION)	Observed number	Not observed	Declined to show
Doppler ultrasound to detect fetal heartbeat	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
X-ray	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound equipment	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Portable ultrasound	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Question Block: DIAGNOSTIC_IMAGING_1_FUNC**Contains:** DIAGNOSTIC_IMAGING_1_FUNC_1, DIAGNOSTIC_IMAGING_1_FUNC_2, DIAGNOSTIC_IMAGING_1_FUNC_3, DIAGNOSTIC_IMAGING_1_FUNC_4**Required**

Show if: (CL_DIAG_RM ≠ -1:[Don't provide service]) and (CL_DIAG_RM ≠ -2:[Declined to show])

Scale Summary		
Code	Label	Show-If
1	Yes, it works	
0	Not working	
-1	Don't know	



222.

Please note working condition of the following items:

	Yes, it works	Not working	Don't know
Doppler ultrasound to detect fetal heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X-ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portable ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Collection: PHARMACY**Contains:** C_PH_CHECK1, C_PH_CHECK2, C_PH_CHECK3, C_PH_SUP1, C_PH_SUP2, C_PH_SUP3**Show if:** (SELECTION_AREA = 10:[Pharmacy]) or (TRASH = 1:[show all folders])**Pharmacy****Collection:** C_PH_CHECK1**Contains:****Custom Layout Question:** C_PH_CHECK1_AMB

226.

Observed (Yes/No)

Multivitamin

☐ ☐

Folic Acid

☐ ☐

Iron

☐ ☐

Nitrofurantoin

☐ ☐

Cefalexin

☐ ☐

Ampicillin

☐ ☐

Ayre palettes (for consideration of cervical cytology) / swabs

☐ ☐

PAP Smear slides

☐ ☐
Custom Layout Question: C_PH_CHECK1_BASIC

227.

Observed (Yes/No)

Multivitamin

☐ ☐

Folic Acid

☐ ☐

Iron


☐ ☐

Nitrofurantoin


☐ ☐

Cefalexin	<input type="checkbox"/> ▼
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="checkbox"/> ▼
PAP Smear slides	<input type="checkbox"/> ▼


Custom Layout Question: C_PH_CHECK1_COMP

 228.	Observed (Yes/No)
Multivitamin	<input type="checkbox"/> ▼
Folic Acid	<input type="checkbox"/> ▼
Iron	<input type="checkbox"/> ▼
Nitrofurantoin	<input type="checkbox"/> ▼
Cefalexin	<input type="checkbox"/> ▼
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="checkbox"/> ▼
PAP Smear slides	<input type="checkbox"/> ▼

Collection: C_PH_CHECK2
Contains:**Custom Layout Question: C_PH_CHECK2_AMB**

 229.	Observed (Yes/No)
Packet /envelopes of oral rehydration salt	<input type="checkbox"/> ▼
Ferrous sulfate drops	<input type="checkbox"/> ▼
Ferrous sulfate pills	<input type="checkbox"/> ▼
Zinc sulfate	<input type="checkbox"/> ▼
Zinc gluconate	<input type="checkbox"/> ▼
Albendazol	<input type="checkbox"/> ▼
Mebendazol	<input type="checkbox"/> ▼
Benzathine penicillin	<input type="checkbox"/> ▼
Erythromycin	<input type="checkbox"/> ▼
Trimetropin sulfa	<input type="checkbox"/> ▼
Azitromicin	<input type="checkbox"/> ▼
Amoxicilin	<input type="checkbox"/> ▼
IV set	<input type="checkbox"/> ▼
Ringer's lactate	<input type="checkbox"/> ▼
Hartmann's solution	<input type="checkbox"/> ▼
Saline solution	<input type="checkbox"/> ▼

Custom Layout Question: C_PH_CHECK2_BASIC

 230.	Observed (Yes/No)
Packet /envelopes of oral rehydration salt	<input type="checkbox"/> ▼
Ferrous sulfate drops	<input type="checkbox"/> ▼
Ferrous sulfate pills	<input type="checkbox"/> ▼

Zinc sulfate	<input type="checkbox"/>	▼
Zinc gluconate	<input type="checkbox"/>	▼
Albendazol	<input type="checkbox"/>	▼
Mebendazol	<input type="checkbox"/>	▼
Benzathine penicillin	<input type="checkbox"/>	▼
Erythromycin	<input type="checkbox"/>	▼
Trimetropin sulfa	<input type="checkbox"/>	▼
Azitromicin	<input type="checkbox"/>	▼
IV set	<input type="checkbox"/>	▼
Ringer's lactate	<input type="checkbox"/>	▼
Hartmann's solution	<input type="checkbox"/>	▼
Saline solution	<input type="checkbox"/>	▼

Custom Layout Question: C_PH_CHECK2_COMP

231.

Observed (Yes/No)

Packet /envelopes of oral rehydration salt	<input type="checkbox"/>	▼
Ferrous sulfate drops	<input type="checkbox"/>	▼
Ferrous sulfate pills	<input type="checkbox"/>	▼
Zinc sulfate	<input type="checkbox"/>	▼
Zinc gluconate	<input type="checkbox"/>	▼
Albendazol	<input type="checkbox"/>	▼
Mebendazol	<input type="checkbox"/>	▼
Benzathine penicillin	<input type="checkbox"/>	▼
Erythromycin	<input type="checkbox"/>	▼
Trimetropin sulfa	<input type="checkbox"/>	▼
Azitromicin	<input type="checkbox"/>	▼
IV set	<input type="checkbox"/>	▼
Ringer's lactate	<input type="checkbox"/>	▼
Hartmann's solution	<input type="checkbox"/>	▼
Saline solution	<input type="checkbox"/>	▼

Collection: C_PH_CHECK3**Contains: Show if:** (FACILITY_TYPE >= 2)

Please indicate the following information for the medicines listed below:

Custom Layout Question: C_PH_CHECK3_1_BASIC

232.

Observed? (Yes/No)

Dexamethasone	<input type="checkbox"/>	▼
Betamethasone	<input type="checkbox"/>	▼
Atropine	<input type="checkbox"/>	▼
Epinephrine	<input type="checkbox"/>	▼

Penicillin crystals	<input type="checkbox"/>	▼
IV ampicillin	<input type="checkbox"/>	▼
Ampicillin	<input type="checkbox"/>	▼
Amoxicillin	<input type="checkbox"/>	▼
Benzylpenicillin G Procainic	<input type="checkbox"/>	▼
Doxycycline	<input type="checkbox"/>	▼
Clindamycin	<input type="checkbox"/>	▼
Amikacin sulfate	<input type="checkbox"/>	▼
Amikacin	<input type="checkbox"/>	▼
Chloramphenicol	<input type="checkbox"/>	▼
Cefotaxime	<input type="checkbox"/>	▼
Ceftriaxone	<input type="checkbox"/>	▼
Gentamicin ampules	<input type="checkbox"/>	▼
Magnesium sulfate	<input type="checkbox"/>	▼
Hydralazine ampules	<input type="checkbox"/>	▼
Diazepam	<input type="checkbox"/>	▼
Calcium gluconate	<input type="checkbox"/>	▼
Oxytocin	<input type="checkbox"/>	▼
Ergometrine	<input type="checkbox"/>	▼

Custom Layout Question: C_PH_CHECK3_1_COMP


233.

Observed? (Yes/No)

Dexamethasone	<input type="checkbox"/>	▼
Betamethasone	<input type="checkbox"/>	▼
Amikacin Sulfate	<input type="checkbox"/>	▼
Amikacin	<input type="checkbox"/>	▼
Atropine	<input type="checkbox"/>	▼
Epinephrine	<input type="checkbox"/>	▼
IV ampicillin	<input type="checkbox"/>	▼
Ampicillin	<input type="checkbox"/>	▼
Penicillin crystals	<input type="checkbox"/>	▼
Amoxicillin	<input type="checkbox"/>	▼
Ceftriaxone	<input type="checkbox"/>	▼
Chloramphenicol	<input type="checkbox"/>	▼
Metronidazole	<input type="checkbox"/>	▼
Magnesium sulfate	<input type="checkbox"/>	▼
Hydralazine ampules	<input type="checkbox"/>	▼
Hydralazine chloride	<input type="checkbox"/>	▼
Nifedipine	<input type="checkbox"/>	▼

Furosemide	<input type="checkbox"/>	▼
Diazepam	<input type="checkbox"/>	▼
Midazolam Chloride	<input type="checkbox"/>	▼
Sevoflurane 100%	<input type="checkbox"/>	▼
Sevoflurane	<input type="checkbox"/>	▼
Suxamethonium Chloride/Succinilcolina Cloruro	<input type="checkbox"/>	▼
Ergometrine	<input type="checkbox"/>	▼
Oxytocin	<input type="checkbox"/>	▼
Isoflurane	<input type="checkbox"/>	▼

Custom Layout Question: C_PH_CHECK4_ALL

 234. Observed? (Yes/No)

Misoprostol	<input type="checkbox"/>	▼
Methylergometrine	<input type="checkbox"/>	▼
Tazobacotam	<input type="checkbox"/>	▼
Piperacillin	<input type="checkbox"/>	▼
Clorhexidine	<input type="checkbox"/>	▼

Collection: C_PH_SUP1


Contains: KARDEX_SUP1

Question Block: KARDEX_SUP1

Contains: KARDEX_SUP1_MULTI, KARDEX_SUP1_FOLIC, KARDEX_SUP1_IRON, KARDEX_SUP1_NITRO, KARDEX_SUP1_CEF, KARDEX_SUP1_AMPI2, KARDEX_SUP1_PAL, KARDEX_SUP1_PAP

Required

Scale Summary		
Code	Label	Show-If
1	Bin card/Kardex was observed	
0	Bin card/Kardex was NOT observed	
-1	Not captured at this facility	

 235. For the following medicines, check to see if the Bin card/Kardex was observed:

	Bin card/Kardex was observed	Bin card/Kardex was NOT observed	Not captured at this facility
Multivitamin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Folic acid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nitrofurantoin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cefalexin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ampicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ayre palettes (for consideration of cervical cytology) / swabs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PAP Smear slides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Please check the bin card/kardex/BHIS or other record to determine whether for **any single day**, the facility had stocked out of the following:

Custom Layout Question: C_PH_SUP1_4_AMB

243.

Multivitamin

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐**Custom Layout Question: C_PH_SUP1_1_AMB**

244.

Folic acid

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐**Custom Layout Question: C_PH_SUP1_2_AMB**

245.

Iron

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd - 3rd months

☐ ☐**Custom Layout Question: C_PH_SUP1_5_AMB**

246.

Nitrofurantoin

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐**Custom Layout Question: C_PH_SUP1_6_AMB**

247.

Cefalexin

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐**Custom Layout Question: C_PH_SUP1_10_AMB**



248.

Ampicillin

Stocked out (or without item) in the last month

☐

Stocked out (or without item) between the previous 1st – 2nd months

☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ **Custom Layout Question:** C_PH_SUP1_7_AMB

249.

Ayre palettes (for consideration of cervical cytology) / swabs

Stocked out (or without item) in the last month

☐

Stocked out (or without item) between the previous 1st – 2nd months

☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ **Custom Layout Question:** C_PH_SUP1_8_AMB

250.

PAP Smear slides

Stocked out (or without item) in the last month

☐

Stocked out (or without item) between the previous 1st – 2nd months

☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ **Collection:** C_PH_SUP2**Contains:** KARDEX_SUP_2, STOCKOUT_2_COMP**Question Block:** KARDEX_SUP_2**Contains:** KARDEX_SUP2_ORIS, KARDEX_SUP2_FERR, KARDEX_SUP2_FERRPILL, KARDEX_SUP2_SULFZINC, KARDEX_SUP2_GLUZINC, KARDEX_SUP2_ALBEN, KARDEX_SUP2_MEBEN, KARDEX_SUP2_AMOXI, KARDEX_SUP2_PENIBEN, KARDEX_SUP2_ERYTH, KARDEX_SUP2_TRIMET, KARDEX_SUP2_AZITRO, KARDEX_SUP2_RINGLAC, KARDEX_SUP2_HART, KARDEX_SUP2_SALINE, KARDEX_SUP2_IV**Required**

Scale Summary		
Code	Label	Show-If
1	Bin card/Kardex was observed	
0	Bin card/Kardex was not observed	
-1	Not captured at this facility	



251.

	Bin card/Kardex was observed	Bin card/Kardex was not observed	Not captured at this facility
Packets/envelopes of oral rehydration salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ferrous sulfate drops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ferrous sulfate pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfate of Zinc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluconate of zinc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Albendazol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mebendazol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amoxicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzathine penicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erythromycin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trimetropin sulfa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Azitromicin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ringer's lactate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hartman's solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saline solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV Set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Collection: STOCKOUT_2_COMP
Contains:

Custom Layout Question: C_PH_SUP2_1_COMP



267.

Packets/envelopes of oral rehydration salt

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_PH_SUP2_10_COMP



268.

Ferrous sulfate drops

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_PH_SUP2_20_COMP



269.

Ferrous sulfate pills

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

months

Custom Layout Question: C_PH_SUP2_2_COMP

270.

Albendazol

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP2_3_COMP

271.

Mebendazol

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP2_4_COMP

272.

Sulfate of Zinc

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP2_5_COMP

273.

Gluconate of Zinc

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP2_6_COMP

274.

Benzathine
penicillin

Stocked out (or without item) in the last month

 Stocked out (or without item) between the previous 1st – 2nd
months Stocked out (or without item) between the previous 2nd - 3rd
months **Custom Layout Question: C_PH_SUP2_17_COMP**

275.

Amoxicillin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd - 3rd months

Custom Layout Question: C_PH_SUP2_8_COMP

276.

Erythromycin

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question: C_PH_SUP2_16_COMP**

277.

Trimetropin sulfa

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question: C_PH_SUP2_9_COMP**

278.

Azitromicin

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question: C_PH_SUP2_11_COMP**

279.

Ringer's lactate

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question: C_PH_SUP2_18_COMP**

280.

Hartmann's
solution

Stocked out (or without item) in the last month

 ▼Stocked out (or without item) between the previous 1st – 2nd
months ▼Stocked out (or without item) between the previous 2nd – 3rd
months ▼**Custom Layout Question: C_PH_SUP2_19_COMP**

281.

Saline solution

Stocked out (or without item) in the last month

 ▼

Stocked out (or without item) between the previous 1st – 2nd months

 ▼

Stocked out (or without item) between the previous 2nd – 3rd months

 ▼**Custom Layout Question: C_PH_SUP2_15_COMP**

282.

IV Set

Stocked out (or without item) in the last month

☐ ☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐ ☐

Collection: C_PH_SUP3

Contains: KARDEX_SUP3, C_PH_SUP3_BASIC

Show if: (FACILITY_TYPE >= 2)

Question Block: KARDEX_SUP3

Contains: KARDEX_SUP3_DEXA, KARDEX_SUP3_BETA, KARDEX_SUP3_ATROP, KARDEX_SUP3_EPIN, KARDEX_SUP3_PENICRY, KARDEX_SUP3_AMPI, KARDEX_SUP3_AMPI2, KARDEX_SUP3_AMOXI, KARDEX_SUP3_PENIPRO, KARDEX_SUP3_BENZYL, KARDEX_SUP3_DOXY, KARDEX_SUP3_CLINDA, KARDEX_SUP3_AMIKA, KARDEX_SUP3_AMIKASULF, KARDEX_SUP3_CHLOR, KARDEX_SUP3_ISO, KARDEX_SUP3_CEFU, KARDEX_SUP3_GENTA, KARDEX_SUP3_MGS, KARDEX_SUP3_HIDRA, KARDEX_SUP3_DIAZE, KARDEX_SUP3_MIDA, KARDEX_SUP3_CALC, KARDEX_SUP3_ERGOMET, KARDEX_SUP3_METR, KARDEX_SUP3_HIDRACH, KARDEX_SUP3_NIFE, KARDEX_SUP3_FURO, KARDEX_SUP3_SEVO100, KARDEX_SUP3_SEVO, KARDEX_SUP3_SUCC, KARDEX_SUP3_OXY, KARDEX_SUP3_CEFT

Required

Show if: (FACILITY_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Bin card / kardex was observed	
0	Bin card/ kardex was not observed	
-1	Not captured at this facility	



283.

	Bin card / kardex was observed	Bin card/ kardex was not observed	Not captured at this facility
Dexamethasone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Betamethasone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atropine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epinephrine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Penicillin crystals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV ampicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ampicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amoxicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzathine penicillin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzylpenicillin G Procainic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doxycycline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clindamycin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amikacin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Amikacin sulfate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chloramphenicol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isoflurane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cefotaxime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gentamicin ampules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magnesium sulfate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydralazine ampules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diazepam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Midazolam Chloride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium gluconate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ergometrine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metronidazole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydralazine chlorhide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nifedipine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Furosemide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sevoflurane 100%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sevoflurane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suxamethonium Chloride /Succinilcolina Cloruro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxytocin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ceftriaxone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Collection: C_PH_SUP3_BASIC

Contains: Show if: (FACILITY_TYPE = 2) or (FACILITY_TYPE = 3)

Custom Layout Question: C_PH_SUP3_1_BASIC



316.

Dexamethasone

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_PH_SUP3_2_BASIC

317.



Betamethasone

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_3_BASIC

318.

Atropine

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_4_BASIC

319.

Epinephrine

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_5_BASIC

320.

Penicillin crystals

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_6_BASICAMPI1

321.

IV ampicillin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_6_BASICAMPI2

322.

Ampicillin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_20_BASIC

323.

Amoxicillin

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Custom Layout Question: C_PH_SUP3_21_BASIC

324.

Benzylpenicillin G
Procainic

Stocked out (or without item) in the last month

▼Stocked out (or without item) between the previous 1st – 2nd
months▼Stocked out (or without item) between the previous 2nd - 3rd
months▼**Custom Layout Question: C_PH_SUP3_7_BASIC**

325.

Doxycycline

Stocked out (or without item) in the last month

▼

Stocked out (or without item) between the previous 1st – 2nd months

▼

Stocked out (or without item) between the previous 1st – 2nd months

▼**Custom Layout Question: C_PH_SUP3_8_BASIC**

326.

Clindamycin

Stocked out (or without item) in the last month

▼

Stocked out (or without item) between the previous 1st – 2nd months

▼

Stocked out (or without item) between the previous 2nd - 3rd months

▼**Custom Layout Question: C_PH_SUP3_9_BASIC**

327.

Amikacin

Stocked out (or without item) in the last month

▼

Stocked out (or without item) between the previous 1st – 2nd months

▼

Stocked out (or without item) between the previous 2nd – 3rd months

▼**Custom Layout Question: C_PH_SUP3_9_COMP**

328.

Amikacin Sulfate

Stocked out (or without item) in the last month

▼

Stocked out (or without item) between the previous 1st – 2nd months

▼

Stocked out (or without item) between the previous 2nd – 3rd months

▼**Custom Layout Question: C_PH_SUP3_11_BASIC**

329.

Chloramphenicol

Stocked out (or without item) in the last month

▼

Stocked out (or without item) between the previous 1st – 2nd months

▼

Stocked out (or without item) between the previous 2nd – 3rd months

▼**Custom Layout Question: C_PH_SUP3_26_COMP**

330.

Isoflurane



Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_12_BASIC

331.

Cefotaxime

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_13_BASIC

332.

Gentamicin
ampules

Stocked out (or without item) in the last month

 Stocked out (or without item) between the previous 1st – 2nd
months Stocked out (or without item) between the previous 2nd – 3rd
months **Custom Layout Question:** C_PH_SUP3_14_BASIC

333.

Magnesium sulfate

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_15_BASIC

334.

Hydralazine
ampules

Stocked out (or without item) in the last month

 Stocked out (or without item) between the previous 1st – 2nd
months Stocked out (or without item) between the previous 2nd – 3rd
months **Custom Layout Question:** C_PH_SUP3_16_BASIC

335.

Diazepam

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_30_BASIC

336.

Midazolam

Chloride

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_17_BASIC

337.

Calcium gluconate

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_19_BASIC

338.

Ergometrine

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_21_COMP

339.

Metronidazole

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_22_COMP

340.

Hydralazine
Chloride

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_23_COMP

341.

Nifedipine

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

 Custom Layout Question: C_PH_SUP3_24_COMP

342.

Furosemide

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐

Custom Layout Question: C_PH_SUP3_29_COMP



343.

Sevoflurane 100%

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐

Custom Layout Question: C_PH_SUP3_7_COMP



344.

Sevoflurane

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐

Custom Layout Question: C_PH_SUP3_8_COMP



345.

Suxamethonium

Chloride/Succinilcolina Cloruro

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐

Custom Layout Question: C_PH_SUP3_18_BASIC2



346.

Oxytocin

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐

Custom Layout Question: C_PH_SUP3_22_BASIC



347.

Ceftriaxone

Stocked out (or without item) in the last month

☐ ☐

Stocked out (or without item) between the previous 1st – 2nd months

☐ ☐

Stocked out (or without item) between the previous 2nd – 3rd months

☐ ☐

Collection: LAB_SERVICES

Contains: LAB_ROOM, COL_LAB

Show if: (SELECTION_AREA = 11:[Laboratory]) or (TRASH = 1:[show all folders])

Laboratory services

Question: LAB_ROOM

Required

Scale Summary		
Code	Label	Show-If
1	Private room with visual and auditory privacy	
2	Private room with visual and auditory privacy	
3	Visual privacy only	
0	No privacy	
995	Other	
-1	Don't provide service	
-2	Decline to show	



348. Ask to see where laboratory analysis is performed and indicate the setting:

(Select one option)

- ☐ Private room with visual and auditory privacy
- ☐ Private room with visual and auditory privacy
- ☐ Visual privacy only
- ☐ No privacy
- ☐ Other
- ☐ Don't provide service
- ☐ Decline to show

Collection: COL_LAB

Contains: C_LAB_REAG_AVAIL2

Show if: (LAB_ROOM is-any-of 1:[Private room with visual and auditory privacy] or 2:[Private room with visual and auditory privacy] or 3:[Visual privacy only] or 0:[No privacy] or 995:[Other])

Custom Layout Question: C_LAB_CHECK_1_2



349. Note availability and condition of the following equipment and supplies

Rapid syphilis test's kit

Rapid HIV/AIDS test's kit

Urine protein strips (urine dipstick)

Blood glucose strip

Hemocue

Microcuvettes

Pregnancy test kit

Observed (yes/no)

	▼
	▼
	▼
	▼
	▼
	▼
	▼

Custom Layout Question: C_LAB_SUP1_2



350. Please ask to see bin cards, cardex or other registry where information about stock of inputs for Rapid HIV/AIDS test's kit is recorded and note the following information:

Stocked out (or without item) in the last month

Stocked out (or without item) between the previous 1st – 2nd months

Stocked out (or without item) between the previous 2nd – 3rd months

Observed
(yes/no)

	▼
	▼
	▼

Custom Layout Question: C_LAB_CHECK_2_2

351.

Observed (yes/no)



Dark field microscope

☐ ☐

Equipment for enzyme immunoassay

☐ ☐

Fluorescence Microscope

☐ ☐

Urinalysis equipment

☐ ☐

Glucose meter

☐ ☐

Automated cell counter

☐ ☐**Question Block:** C_LAB_REAG_AVAIL2**Contains:** C_LAB_REAG_AVAIL_FERRI2, C_LAB_REAG_AVAIL_ANTSYPH2, C_LAB_REAG_AVAIL_ANTHIV2, C_LAB_REAG_AVAIL_CYAN2, C_LAB_REAG_AVAIL_ANTICOAG2, C_LAB_REAG_AVAIL_BLTYPE2, C_LAB_REAG_AVAIL_RH2

Show if: (FACILITY_TYPE >= 2)

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



352. Ask to see the following reagents and note availability

	Observed	Not observed
Potassium ferricyanide	<input type="radio"/>	<input type="radio"/>
Syphilis antigen	<input type="radio"/>	<input type="radio"/>
HIV/AIDS antigen	<input type="radio"/>	<input type="radio"/>
Cyanmethemoglobin	<input type="radio"/>	<input type="radio"/>
Anticoagulants	<input type="radio"/>	<input type="radio"/>
Blood group antibodies	<input type="radio"/>	<input type="radio"/>
Rh antibodies	<input type="radio"/>	<input type="radio"/>

Please ask to see kardex / registry where information about stock of inputs is recorded and note the following information

Custom Layout Question: C_LAB_SUP_1_BC

359.

Anticoagulants

Run out in the last 1 month (yes/no)

☐ ☐

Run out in the last 2 months (yes/no)

☐ ☐

Run out in the last 3 months (yes/no)

☐ ☐**Custom Layout Question:** C_LAB_SUP_2_BC

360.

Rh factor antibody

Run out in the last 1 month (yes/no)

☐ ☐

Run out in the last 2 months (yes/no)

☐ ☐

Run out in the last 3 months (yes/no)

☐ ☐

Custom Layout Question: C_LAB_SUP_3_BC

361.

Blood type antibody

Run out in the last 1 month (yes/no) ☐ Run out in the last 2 months (yes/no) ☐ Run out in the last 3 months (yes/no) ☐ **Custom Layout Question: C_LAB_SUP_4_BC**

362.

Syphilis antigen

Run out in the last 1 month (yes/no) ☐ Run out in the last 2 months (yes/no) ☐ Run out in the last 3 months (yes/no) ☐ **Custom Layout Question: C_LAB_SUP_5_BC**

363.

HIV/AIDS antigen

Run out in the last 1 month (yes/no) ☐ Run out in the last 2 months (yes/no) ☐ Run out in the last 3 months (yes/no) ☐ **Collection:** BIO_HAZARD**Contains:** WASTE_DIS, COL_BIOHAZARD**Show if:** (SELECTION_AREA = 9:[Bio hazardous waste disposal area]) or (TRASH = 1:[show all folders])**Bio hazardous waste disposal area****Question:** WASTE_DIS**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Declined to show	



364. Ask to the representative of this health facility to show you bio hazardous waste disposal (SELECT ONE OPTION)

- ☐ Observed
- ☐ Not observed
- ☐ Declined to show

Collection: COL_BIOHAZARD**Contains:** REG_WASTE_DIS**Show if:** (WASTE_DIS = 1:[Observed])**Question:** REG_WASTE_DIS**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Declined to show	




365. If available, ask to see register(s) where information about bio hazard waste is recorded

(Select one option)


- ☐ Observed
- ☐ Not observed
- ☐ Declined to show

Custom Layout Question: AUTOCLAVE

 366. Observed (yes/no) Total observed Total number of working

Autoclaves

Custom Layout Question: DRYHEATSTERIL

 367. Observed (yes/no) Total observed Total number of working

Dry heat sterilizer


Collection: GENERAL_CONDITIONS

Contains: EMER_GEN_, COL_GEN, BTHRM_STAFF, BTHRM_STFF_AMEN, BTHRM_PATIENT, BTHRM_PATIENT_AMEN, IT_AVAIL_P, IT_AVAIL_MAT, IT_AVAIL_MCH, SAT_SUR, SUGG_BOX, QUES_ACES, PP_AVAIL, MAILBOX

Show if: (SELECTION_AREA = 12:[General facility characteristics]) or (TRASH = 1:[show all folders])

General facility characteristics
Question: EMER_GEN_
Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
-2	Declined to show	

 368. Ask to see emergency generator

- ☐ Observed
- ☐ Not observed
- ☐ Declined to show

Collection: COL_GEN

Contains: EMER_WORK, EMER_FUEL

Show if: (EMER_GEN_ = 1:[Observed])

Question: EMER_WORK
Required

Show if: (EMER_GEN_ = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes, it works	
0	Not working	
-1	Don't know	

 369. Check if emergency generator works

- ☐ Yes, it works
- ☐ Not working
- ☐ Don't know

Question: EMER_FUEL
Required

Show if: (EMER_GEN_ = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	



370. Do you have fuel for emergency generator?

- ☐ Yes
☐ No
☐ Don't know

Question: BTHRM_STAFF

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to show	



371. Is there a bathroom for staff in this health facility? If so, may we see it?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to show

Question: BTHRM_STFF_AMEN

Minimum checks: 1

Show if: (BTHRM_STAFF = 1:[Yes])



372. Does the bathroom have any of the following?

- ☐ Running water
☐ Hand towels
☐ Soap
☐ Trash can
☐ None of the above
☐ Other (specify)
☐ Don't know
☐ Decline to show

Question: BTHRM_PATIENT

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to show	



373. Is there a bathroom for patients in this health facility? If so, may we see it?

- ☐ Yes

- ☐ No
- ☐ Don't know
- ☐ Decline to show

Question: BTHRM_PATIENT_AMEN

Minimum checks: 1

Show if: (BTHRM_STAFF = 1:[Yes])



374. Does the bathroom have any of the following?

- ☐ Running water
- ☐ Hand towels
- ☐ Soap
- ☐ Trash can
- ☐ None of the above
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to show

Collection: IT_AVAIL_P

Contains: IT_AVAIL_COMP, IT_AVAIL_PRINTER, IT_AVAIL_NETWORK

Show if: [REDACTED]

Please check if the following are available.

Question: IT_AVAIL_COMP

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



375. Computer

--- Select one --- ▼

Question: IT_AVAIL_PRINTER

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



376. Printer

--- Select one --- ▼

Question: IT_AVAIL_NETWORK

Required

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



377. Network connection

--- Select one --- ▼

Collection: IT_AVAIL_MAT

Contains: IT_AVAIL_COMP_MAT, IT_AVAIL_PRINTER_MAT, IT_AVAIL_NETWORK_MAT

Show if: [REDACTED]

Please check if the following are available **in the maternity ward**.

Question: IT_AVAIL_COMP_MAT**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



378. Computer

--- Select one --- ▼

Question: IT_AVAIL_PRINTER_MAT**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



379. Printer

--- Select one --- ▼

Question: IT_AVAIL_NETWORK_MAT**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



380. Network connection

--- Select one --- ▼

Collection: IT_AVAIL_MCH**Contains:** IT_AVAIL_COMP_MCH, IT_AVAIL_PRINTER_MCH, IT_AVAIL_NETWORK_MCH**Show if:** [REDACTED]

Please check if the following are available **in the Family and Community Health Department (maternal and child health unit)**.

Question: IT_AVAIL_COMP_MCH**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



381. Computer

--- Select one --- ▼

Question: IT_AVAIL_PRINTER_MCH**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



382. Printer

--- Select one --- ▼

Question: IT_AVAIL_NETWORK_MCH**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	



383. Network connection

--- Select one --- ▼

Question: SAT_SUR**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-1	Service not provided	
2	Declined to show	



384. Ask to see where the facility carries out patient satisfaction surveys.

- ☐ Observed
☐ Not observed
☐ Other
☐ Service not provided
☐ Declined to show

Question: SUGG_BOX**Required**

Scale Summary		
Code	Label	Show-If
1	Observed	
0	Not observed	
995	Other	
-1	Service not provided	
2	Declined to show	



385. Ask to see the suggestion box.

- ☐ Observed
☐ Not observed
☐ Other
☐ Service not provided
☐ Declined to show

Question: QUES_ACESS**Required****Show if:** (SAT_SUR = 1:[Observed])

Scale Summary		
Code	Label	Show-If

Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Declined to show	



386. Check if the patient satisfaction questionnaire is available in a place that is easily accessible to patients.

- ☐ Yes
☐ No
☐ Don't know
☐ Declined to show

Question: PP_AVAIL

Required

Show if: (SAT_SUR = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Declined to show	



387. Check if pen / pencil is available in that place for the patient to fill out the questionnaire.

- ☐ Yes
☐ No
☐ Don't know
☐ Declined to show

Question: MAILBOX

Required

Show if: (SAT_SUR = 1:[Observed])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



388. Check if there is a mailbox available to deposit questionnaires.

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: JUMPS

Contains: JUMPBACK_INCOMPLETE

Show if: (ROOM_COMPLETE = 0) and (SELECTION_AREA = 13:[End of the survey])

According to our records, one or more of the areas indicated below have not been completed. If this facility does not provide a service listed below, please select the room or area to return to and indicate that those services are not provided.

Select the area below where you would like to continue the observation.

Question: JUMPBACK_INCOMPLETE**Required****Show if:** (ROOM_COMPLETE = 0)

Scale Summary		
Code	Label	Show-If
1	Antenatal and postnatal care	(Error!)
2	Delivery room	(Error!) and (Error!)
3	Emergency care area	(Error!) and (Error!)
4	Child care area	(Error!)
5	Vaccine Area	(Error!)
7	Vaccine storgae Area	(Error!)
8	Family planning area	(Error!) and (Error!)
9	Diagnostic imaging area	(Error!)
10	Pharmacy Area	(Error!)
11	Laboratory Area	(Error!) and (Error!)
12	General Conditions	(Error!)
13	The End of the survey	



389. Select the area where you will conduct the observation

- ☐ Antenatal and postnatal care
- ☐ Delivery room
- ☐ Emergency care area
- ☐ Child care area
- ☐ Vaccine Area
- ☐ Vaccine storgae Area
- ☐ Family planning area
- ☐ Diagnostic imaging area
- ☐ Pharmacy Area
- ☐ Laboratory Area
- ☐ General Conditions
- ☐ The End of the survey

Jump-To: JMP_ANPST**Description:****Jump-To-Item:** ANTENATAL_POSTNATAL_CARE**Jump-If:** (JUMPBACK_INCOMPLETE = 1:[Antenatal and postnatal care])**Jump-To:** JMP_DEL**Description:****Jump-To-Item:** OBS_DEL**Jump-If:** (JUMPBACK_INCOMPLETE = 2:[Delivery room])**Jump-To:** JMP_EM**Description:****Jump-To-Item:** OBS_EM**Jump-If:** (JUMPBACK_INCOMPLETE = 3:[Emergency care area])**Jump-To:** JMP_FP**Description:****Jump-To-Item:** OBS_FP**Jump-If:** (JUMPBACK_INCOMPLETE = 4:[Child care area])**Jump-To:** JMP_CHILD**Description:****Jump-To-Item:** OBS_CHILD**Jump-If:** (JUMPBACK_INCOMPLETE = 5:[Vaccine Area])

Jump-To: JMP_IMM
Description:
Jump-To-Item: VACCINATION
Jump-If: (JUMPBACK_INCOMPLETE = 5:[Vaccine Area])

Jump-To: JMP_COLD_CHAIN
Description:
Jump-To-Item: OBS_COLD_CHAIN
Jump-If: (JUMPBACK_INCOMPLETE = 7:[Vaccine storage Area])

Jump-To: JMP_DIAGNOSTIC_IMAGING
Description:
Jump-To-Item: OBS_DIAGN_IMAGING
Jump-If: (JUMPBACK_INCOMPLETE = 8:[Family planning area])

Jump-To: JMP_BIO_HAZARD
Description:
Jump-To-Item: OBS_BIOHAZARD
Jump-If: (JUMPBACK_INCOMPLETE = 9:[Diagnostic imaging area])

Jump-To: JMP_LAB
Description:
Jump-To-Item: OBS_LAB
Jump-If: (JUMPBACK_INCOMPLETE = 11:[Laboratory Area])

Jump-To: JMP_GENERAL_CONDITION
Description:
Jump-To-Item: OBS_GENERAL_COND
Jump-If: (JUMPBACK_INCOMPLETE = 12:[General Conditions])

Jump-To: JMP_PHARMACY
Description:
Jump-To-Item: OBS_PHARMACY
Jump-If: (JUMPBACK_INCOMPLETE = 10:[Pharmacy Area])

Collection: COMMENTS
Contains: COMMENT_CHECKLIST

Question: COMMENT_CHECKLIST



390. Enter relevant comments about this section

(Please continue to add comments, if necessary, at the end of each section)

Jump-To: JMP_END_1
Description:
Jump-To-Item: End and Submit
Jump-If: (SELECTION_AREA = 13:[End of the survey]) and (SURVEY_SUBMIT = 1:[Yes])

Jump-To: JUMP_SELECTION_2

Description:**Jump-To-Item:** SELECTION_AREA**You've reached the end of this part of the survey.**

Please click the button 'Submit' to send your responses and close the survey. You may not revise any of the responses after submitting the survey.

If you think you have reached this page by error, please click on 'Previous' and revise your responses as necessary.

Thank you for your time today.

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