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Collection: LOGIN
Contains: DATSTAT_ALTPID



Salud Mesoamerica Initiative (SMI)
Login page for the Health Facility Survey

Question: DATSTAT_ALTPID
Required



ID:

Collection: MEDICAL_RECORD_REVIEW
Contains: MRR_LOG_IN, MRR_DIARRHEA

Medical Record Review

Collection: MRR_LOG_IN
Contains: MRR_DATE, MRR_INTERVW_ID1, MRR_INTERVW_ID2, MRR_TYPE_UNIT, DISTRICT_ID, FACILITY_ID, CLD_DIAR_DIST

Question: MRR_DATE
Required



1. Today's Date:

 (DD/MM/YYYY)

Question: MRR_INTERVW_ID1
Required



2. Interviewer ID 1:

Question: MRR_INTERVW_ID2



3. Interviewer ID 2:

Question: MRR_TYPE_UNIT
Required

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



4. What type of health facility is this?

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

Question: DISTRICT_ID
Required

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



5. District ID:

- ☐ Orange Walk
☐ Corozal District
☐ Cayo District
☐ Other

Question: FACILITY_ID

Scale Summary		
Code	Label	Show-If
1		



Harassment Type	Percentage
Being asked for sexual favors	85%
Being asked to have sex	95%
Being asked to have sex with someone else	88%
Being asked to have sex with someone else	78%
Being asked to have sex with someone else	100%
Being asked to have sex with someone else	88%
Being asked to have sex with someone else	75%
Being asked to have sex with someone else	82%
Being asked to have sex with someone else	85%
Being asked to have sex with someone else	75%
Being asked to have sex with someone else	68%
Being asked to have sex with someone else	72%
Being asked to have sex with someone else	72%
Being asked to have sex with someone else	75%
Being asked to have sex with someone else	88%
Being asked to have sex with someone else	92%
Being asked to have sex with someone else	85%
Being asked to have sex with someone else	90%
Being asked to have sex with someone else	95%
Being asked to have sex with someone else	65%
Other (specify):	

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

☐ Orange Walk

☐ Corozal District

☐ Cayo District

☐ Other

Contains: NEO_DIAR_ADM_DATE, NEO_IAR_ADM_TIME, MRR_AGE, MRR_DIAR_REF, MRR_DIAR_REF_DATE, MRR_DIAR_REF_TIME, MRR_DIAR_REF_NAME, MRR_DIAR_REF_TYPE, DIARRHEA, DEHYDRATION, NEO_DIAR_GENDER, NEO_DIAR_DIAG, NEO_DIAR_MAN, NEO_DIAR_MAN_OTH_SPEC, MRR_DIAR_REFTO, MRR_DIAR_REFTO_DATE, MRR_DIAR_REFTO_TIME, MRR_DIAR_REFTO_NAME, MRR_DIAR_REFTO_TYPE, MRR_DIAR_DIS_DATE

Please select medical chart of children 0-59 months who had diarrhea in the last year

Scale Summary		
Code	Label	Show-If
1	Yes:	
-1	Not recorded	

☐ Yes: (DD/MM/YYYY)

☐ Not recorded

Scale Summary		
Code	Label	Show-If
1	Yes:	

☐ Not recorded

Scale Summary		
Code	Label	Show-If
3	Years:	
2	Months:	
1	Days:	

☐ Days:

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

☐ Not recorded

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

☐ Not recorded

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	


☐ Not recorded

Scale Summary		Show-If
Code	Label	
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[illegible]

Scale Summary		
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Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit	
2	Community Hospital	
3	Regional hospital	
995	Other (specify)	
-1	Not recorded	

 15. Type of health facility the child was referred from

- ☐ Health Clinic / Health Post / Mobile Unit
☐ Community Hospital
☐ Regional hospital
☐ Other (specify)
☐ Not recorded

This file is ineligible. You indicated that the consultation date was . Please check records with dates of consultation between 22/09/2016 - 20/09/2017.

Jump-To: JMP2


Description:

Jump-To-Item: END

Jump-If: (DATE_ELEGIBILITY_2017 = 0) or (DATE_ELEGIBILITY_2016 = 0)

Question: DIARRHEA
Required


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

 16. Does the child have diarrhea?

- ☐ Yes
☐ No
☐ Not recorded

Question: DEHYDRATION
Required


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

 17. Was the child dehydrated?

- ☐ Yes
☐ No
☐ Not recorded

Question: NEO_DIAR_GENDER
Required

Scale Summary		
Code	Label	Show-If
1	Boy	
2	Girl	
-1	Not recorded	

 18. Gender of the child

- ☐ Boy
☐ Girl
☐ Not recorded


Jump-To: JMP3

Description:

Jump-To-Item: NO_DIARRHEA

Jump-If: (DIARRHEA # 1:[Yes])


Custom Layout Question: NEO_DIAR_SYMP

 19.

	Recorded Conditions	Date (DD/MM/YYYY)	Time (HH:MM)
General condition	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>
Eyes	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>
Thirst	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>
Skinfoldskinturga	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>
Other (specify)	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>

Please record whether the following symptoms were present. If the symptom is not recorded, please select "Not Recorded".

Custom Layout Question: NEO_DIAR_SYMP_2

 20.

	Yes/No
Not able to drink or breastfeed	<input type="text" value="v"/>
Seizures	<input type="text" value="v"/>

Lethargic or unconscious

Vomit

Other (specify)

Please record whether the following checks were done, their values, as well as the date and time of the first review

Custom Layout Question: NEO_DIAR_CHECK

21.	Recorded Value	Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart rate (hr)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capillary Filling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question: NEO_DIAR_DIAG

Required

Scale Summary		
Code	Label	Show-If
1	Acute diarrhea without dehydration	
2	Acute diarrhea with dehydration	
3	Acute diarrhea with severe dehydration	
995	Other (specify)	
-1	Not recorded	

22. Record the diagnosis

☐ Acute diarrhea without dehydration

☐ Acute diarrhea with dehydration

☐ Acute diarrhea with severe dehydration

☐ Other (specify)

☐ Not recorded

Question Block: NEO_DIAR_MAN

Contains: NEO_DIAR_MAN_ORIS, NEO_DIAR_MAN_INT, NEO_DIAR_MAN_ZINC, NEO_DIAR_MAN_REF, NEO_DIAR_MAN_OTH

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

23. What treatment was prescribed? (Select all that apply)

((PLEASE NOTE ALL OPTIONS APPROPRIATELY ACCORDING TO THE RECORD))

	Yes	No
ORS provided	<input type="radio"/>	<input type="radio"/>
IV rehydration therapy	<input type="radio"/>	<input type="radio"/>
Zinc	<input type="radio"/>	<input type="radio"/>
Referred	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Question: NEO_DIAR_MAN_OTH_SPEC

Required

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

24. Other treatment prescribed (specify)

Record if something was prescribed to consume at home

Custom Layout Question: NEO_DIAR_HOME_PRE

25. Prescribed

Oral rehydration salts

Zinc

Other (specify)

Question: MRR_DIAR_REFTO

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

26. Was the child referred to another health facility for further treatment?

- http://localhost:13124/Previewer/Survey.ashx?_x=localhost-internal-BLZ_MRR_DIARR... 5/22/2018

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☐ Other (specify):
☐ Not recorded

Question: MRR_DIAR_REFTO_TYPE

Required

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

Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit	
2	Community Hospital	
3	Regional hospital	
995	Other (specify)	
-1	Not recorded	

 30. Type of health facility the child was referred to

- ☐ Health Clinic / Health Post / Mobile Unit
☐ Community Hospital
☐ Regional hospital
☐ Other (specify)
☐ Not recorded

Question: MRR_DIAR_DIS_DATE

Required

Show if: (MRR_DIAR_REFTO ≠ 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	
-3	Does not apply	



31. Date of discharge:

- ☐ Date: (DD/MM/YYYY)
- ☐ Not recorded
- ☐ Does not apply

You indicated that this child does not have diarrhea. Please review cases of only diarrhea for children under 5 years old.

Question: COMMENT_DIARRHEA



32. Enter relevant comments about this survey

You have reached the end of the survey.

Please click the button 'submit' to send your responses and close the survey. No revisions to the responses can be made after clicking 'submit'.

If you believe you have reached this page in error, please click 'Previous' and revise your responses as necessary.

Thank you for your time today.

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