

4.0 Facility Record Review Questionnaires

Antenatal Care Record Review

B ANTENATAL CARE RECORD REVIEW

B.1 ELIGIBILITY: ANC CLIENT 32 OR MORE WEEKS PREGNANT THE MOST RECENT VISIT

9010	ANC SERVICES OFFERED	ANC SERVICES NOT OFFERED	STOP
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SECTION 1: COVER PAGE

INTERVIEWER VISITS

001	Facility number	<input type="text"/>
001a	Inclusion criteria	Patient was 32 or more weeks pregnant their most recent visit..... 1
001b	ANC SAMPLE PATIENTS 1-5 1 ANC SAMPLE PATIENTS 6-10 2	→9012

FACILITY IDENTIFICATION

002	Name of facility _____	FACILITY CODE	<input type="text"/>
003	Name of region _____	REGION CODE	<input type="text"/>
004	Name of district _____	DISTRICT CODE	<input type="text"/>
005	Is this a supervisor validation check of a facility?	DATA COLLECTION FOR FACILITY ASSESSMENT 1 SUPERVISOR VALIDATION 2	
006	1	2	3
Date	_____	_____	_____
Interviewer Name	_____	_____	_____
			FINAL VISIT DAY <input type="text"/>
			MONTH YEAR <input type="text"/>
			INT. NUMBER <input type="text"/>

9011	IDENTIFY SOURCE DOCUMENT FOR ELIGIBLE PATIENTS AND LIST ELIGIBLE PATIENTS ACCORDING TO CRITERIA (32 OR MORE WEEKS PREGNANT MOST RECENT VISIT)				
		(a) MOST RECENT FULL MONTH (PRIOR MONTH 1)	(b) PRIOR MONTH 2	PRIOR MONTH 3+ (c)	
01	TOTAL ANC ATTENDANTS IN MONTH ELIGIBLE PATIENTS FOR SAMPLE ARE SELECTED FROM.	<input type="text"/>	<input type="text"/>	<input type="text"/>	

02	NUMBER OF ELIGIBLE PATIENTS IDENTIFIED IN THE INDICATED MONTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	
INFORMATION FOR SAMPLE SELECTION BY SYSTEMATIC SELECTION					
	03. Record the systematic selection interval (Sampling Interval) : Every _____ eligible client who was identified will be audited	04. Record the random starting number for beginning sample selection: Starting number: _____.			
05	NOTE NUMBER OF ORIGINALLY SELECTED SAMPLE PATIENTS REPLACED DUE TO MISSING INDIVIDUAL PATIENT RECORDS	NUMBER REPLACED <input type="text"/> NONE00 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
9011a	TIME REVIEW OF SAMPLE CHARTS STARTED:	HOUR AND MINUTES : <input type="text"/>			
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR PATIENT CARD/ELECTRONIC MEDICAL RECORD)					

9012	QUESTION	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
A		A	b	c	d	e
01	Is the individual patient chart available?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
B	Please answer the following questions for the <u>MOST RECENT VISIT</u>					
01	Is the patient blood pressure documented for the most recent visit?	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2
02	Is any hemoglobin or hematocrit (PCV) result documented for the most recent visit?	YES, DOCUMENTED1→04 NO, NOT DOCUMENTED2	YES, DOCUMENTED1→04 NO, NOT DOCUMENTED2	YES, DOCUMENTED1→04 NO, NOT DOCUMENTED2	YES, DOCUMENTED1→04 NO, NOT DOCUMENTED2	YES, DOCUMENTED1→04 NO, NOT DOCUMENTED2
03	Is there any documentation of the patient anemia status (Pallor) based on physical findings for	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2

901 2	QUESTION	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
A		A	b	c	d	e
	the most recent visit?					
ARE ANY OF THE BELOW RECORDED FOR ANY VISIT?						
04	Is a syphilis blood test result documented at any visit?	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2
05	Which ANC visit does the most recent represent? COUNT VISITS	<input type="text"/> DON'T KNOW ⁹⁸	<input type="text"/> DON'T KNOW 98	<input type="text"/> DON'T KNOW ⁹⁸	<input type="text"/> DON'T KNOW 98	<input type="text"/> DON'T KNOW 98
C	IPTp SERVICES OFFERED FOR MALARIA		IPTp SERVICES NOT OFFERED			D
ARE ANY OF THE BELOW RECORDED FOR ANY VISIT?						
01	Did the patient receive 3 or more doses of IPT ?	YES 1→04 PATIENT HIV+ ON COTRIM 2→04 NO IPT 3 DON'T KNOW 98	YES 1→04 PATIENT HIV+ ON COTRIM 2→04 NO IPT 3 DON'T KNOW 98	YES 1→04 PATIENT HIV+ ON COTRIM 2→04 NO IPT 3 DON'T KNOW 98	YES 1→04 PATIENT HIV+ ON COTRIM 2→04 NO IPT 3 DON'T KNOW 98	YES 1→04 PATIENT HIV+ ON COTRIM 2→04 NO IPT 3 DON'T KNOW 98
02	Did the patient receive 2 doses of IPT ?	YES 1→04 NO 2 DON'T KNOW 98	YES 1→04 NO 2 DON'T KNOW 98	YES 1→04 NO 2 DON'T KNOW 98	YES 1→04 NO 2 DON'T KNOW 98	YES 1→04 NO 2 DON'T KNOW 98
03	Did the patient receive 1 dose of IPT?	YES 1 NO 2→05 DON'T KNOW . 98→05	YES 1 NO 2→05 DON'T KNOW . 98→05	YES 1 NO 2→05 DON'T KNOW . 98→05	YES 1 NO 2→05 DON'T KNOW 98→05	YES 1 NO 2→05 DON'T KNOW .. 98→05
04	What was the gestational age at 1 st IPT?	<input type="text"/> DON'T KNOW ⁹⁸	<input type="text"/> DON'T KNOW 98	<input type="text"/> DON'T KNOW ⁹⁸	<input type="text"/> DON'T KNOW 98	<input type="text"/> DON'T KNOW 98
05	Did the woman receive an ITN or voucher for ITN?	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98
D	PMTCT SERVICES OFFERED		PMTCT SERVICES NOT OFFERED			E

901 2	QUESTION	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
A		A	b	c	d	e
01	Did the patient receive an HIV test or was she referred for an HIV test during ANC care?	YES..... 1 PRE ANC STATUS WAS POSITIVE2→06 NO..... 3→13 DON'T KNOW . 98→13	YES..... 1 PRE ANC STATUS WAS POSITIVE2→06 NO3→13 DON'T KNOW.98→13	YES..... 1 PRE ANC STATUS WAS POSITIVE2→06 NO.....3→13 DON'T KNOW..98→13	YES..... 1 PRE ANC STATUS WAS POSITIVE2→06 NO.....3→13 DON'T KNOW98→13	YES..... 1 PRE ANC STATUS WAS POSITIVE2→06 NO3→13 DON'T KNOW..98→13
02	Did the patient receive the results from their HIV test?	YES..... 1 NO..... 2 DON'T KNOW 98	YES..... 1 NO 2 DON'T KNOW..... 98	YES..... 1 NO..... 2 DON'T KNOW..... 98	YES..... 1 NO..... 2 DON'T KNOW..... 98	YES..... 1 NO 2 DON'T KNOW..... 98
03	What is the result of the patient's first HIV test during ANC care?	POSITIVE..... 1 →06 NEGATIVE..... 2 DON'T KNOW . 98→13	POSITIVE1 →06 NEGATIVE.... 2 DON'T KNOW.98→13	POSITIVE1 →06 NEGATIVE.... 2 DON'T KNOW..98→13	POSITIVE1 →06 NEGATIVE... 2 DON'T KNOW98→13	POSITIVE1 →06 NEGATIVE..... 2 DON'T KNOW..98→13
04	Did patient have another ANC visit 3 months after the HIV negative result?	YES..... 1 NO..... 2→13 DON'T KNOW . 98→13	YES..... 1 NO2→13 DON'T KNOW.98→13	YES..... 1 NO.....2→13 DON'T KNOW..98→13	YES..... 1 NO.....2→13 DON'T KNOW98→13	YES..... 1 NO2→13 DON'T KNOW..98→13
05	Did the patient receive a 2 nd HIV test 3 months (or more) from the 1 st ?	YES..... 1 NO..... 2→13 DON'T KNOW . 98→13	YES..... 1 NO2→13 DON'T KNOW.98→13	YES..... 1 NO.....2→13 DON'T KNOW..98→13	YES..... 1 NO.....2→13 DON'T KNOW98→13	YES..... 1 NO2→13 DON'T KNOW..98→13
06	Was the HIV positive woman referred elsewhere for ART or started on ART during ANC?	YES..... 1 ART PATIENT PRIOR TO ANC..... 2 NO..... 3→09 DON'T KNOW . 98→09	YES..... 1 ART PATIENT PRIOR TO ANC 2 NO3→09 DON'T KNOW.98→09	YES..... 1 ART PATIENT PRIOR TO ANC 2 NO.....3→09 DON'T KNOW..98→09	YES..... 1 ART PATIENT PRIOR TO ANC 2 NO.....3→09 DON'T KNOW98→09	YES..... 1 ART PATIENT PRIOR TO ANC 2 NO3→09 DON'T KNOW..98→09
07	Did the woman begin ART during ANC?	YES..... 1→12 NO..... 2 DON'T KNOW 98	YES.....1→12 NO 2 DON'T KNOW..... 98	YES.....1→12 NO..... 2 DON'T KNOW..... 98	YES.....1→12 NO..... 2 DON'T KNOW..... 98	YES.....1→12 NO 2 DON'T KNOW..... 98

901 2	QUESTION	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
A		A	b	c	d	e
09	What was the ARV regimen given?	1 st Line Regimen 2 nd Line Regimen 3 rd Line Regimen DON'T KNOW 98	1 st Line Regimen 2 nd Line Regimen 3 rd Line Regimen DON'T KNOW..... 98	1 st Line Regimen 2 nd Line Regimen 3 rd Line Regimen DON'T KNOW..... 98	1 st Line Regimen 2 nd Line Regimen 3 rd Line Regimen DON'T KNOW..... 98	1 st Line Regimen 2 nd Line Regimen 3 rd Line Regimen DON'T KNOW..... 98
10	Was the HIV positive woman referred elsewhere for ART or started on ART after delivery?	YES 1 NO 2 → 12 DON'T KNOW . 98 → 12	YES 1 NO 2 → 12 DON'T KNOW. 98 → 12	YES 1 NO 2 → 12 DON'T KNOW.. 98 → 12	YES 1 NO 2 → 12 DON'T KNOW98 → 12	YES 1 NO 2 → 12 DON'T KNOW98 → 12
11	Did the woman begin ART after delivery?	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW. 98	YES 1 NO 2 DON'T KNOW. 98	YES 1 NO 2 DON'T KNOW. 98	YES 1 NO 2 DON'T KNOW. 98
12	Did the HIV positive woman receive Cotrim preventive therapy?	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98
13	Is the partner's HIV status recorded?	YES 1 NO 2 DON'T KNOW98	YES 1 NO 2 DON'T KNOW..... 98	YES 1 NO 2 DON'T KNOW..... 98	YES 1 NO 2 DON'T KNOW..... 98	YES 1 NO 2 DON'T KNOW..... 98

E	PATIENT INFORMATION					
01	What was the gestational age the most recent visit?	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW..... 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW..... 98
02	What was the gestational age the first visit	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW..... 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW..... 98
03	Age of the woman at the most recent visit	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW..... 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW..... 98

04	CIRCLE THE LETTER FOR EACH TYPE OF RECORDS THAT WERE USED TO COLLECT ANC INFORMATION FOR THIS FACILITY	TYPE OF RECORD REGISTER: ANTENATAL CARE A REGISTER: PMTCT B C REGISTER: ART D INDIVIDUAL PATIENT ANC/MNCH/PMTCT CARD/CHART/ RECORD ELECTRONIC MEDICAL RECORDS F REGISTER OR DATABASE: LABORATORY G REGISTER OR DATABASE: PHARMACY H ITN REGISTER I OTHER W (SPECIFY)
9013	TIME RECORD REVIEW WAS COMPLETED:	HOUR AND MINUTES : <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>

9014 NOTES TO EXPLAIN ANY ISSUES THAT AROSE:

ART Record Review

C.2 ART RECORD REVIEW			
ELIGIBILITY: CURRENT ART PATIENTS WHO STARTED ART AT LEAST 6 MONTHS AGO			
9220	OFFERS ART SERVICES	NO ART SERVICES	→ END
SECTION 1: COVER PAGE			
001	Inclusion criteria	CHILD < 5 YEARS OLD ENROLLED IN ART 1 ADOLESCENT (13-18 years) 2 PATIENT 5 AND OLDER ENROLLED IN ART 3 ENROLLED IN ART AND ACTIVE TB DIAGNOSED 4 ENROLLED IN ART AND CURRENTLY PREGNANT 5	
001a	ART SAMPLE PATIENTS 1-5 1 ART SAMPLE PATIENTS 6-10 2	→ 9222	
<u>FACILITY IDENTIFICATION</u>			
002	Name of facility _____	FACILITY CODE	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> </div>
003	Name of region _____	REGION CODE	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
004	Name of district _____	DISTRICT CODE	<div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> </div>
<u>INTERVIEWER VISITS</u>			
005	Is this a supervisor validation check of a facility?	DATA COLLECTION FOR FACILITY ASSESSMENT 1 SUPERVISOR VALIDATION 2	

Date	1 _____	2 _____	3 _____	FINAL VISIT DAY	<input type="text"/>	<input type="text"/>
Interviewer Name	_____	_____	_____	MONTH	<input type="text"/>	<input type="text"/>
				YEAR	<input type="text"/>	<input type="text"/>
				INT. NUMBER	<input type="text"/>	<input type="text"/>

SAMPLE SELECTION: IDENTIFY ELIGIBLE PATIENTS STARTING FROM 6 MONTHS PRIOR, (SO PATIENT WOULD HAVE BEEN ON ART AT LEAST 6 MONTHS). IF THE SAMPLE NUMBER IS NOT REACHED IN THE MONTH THAT WAS 6 MONTHS PRIOR TO TODAY, CONTINUE TO IDENTIFY CASES FROM 7 MONTHS PRIOR, AND THEN IF NEEDED, 8 OR MORE MONTHS PRIOR.

9221	TOTALS FOR THE INDICATED TIME PERIOD	(a) 6 MONTHS PRIOR TO TODAY	(b) 7 MONTHS PRIOR TO TODAY	(c) MORE THAN 7 MONTHS PRIOR TO TODAY
01	TOTAL PATIENTS ON ART			
02	NUMBER OF LISTED ELIGIBLES WHO WERE IDENTIFIED IN THE INDICATED TIME PERIOD			

INFORMATION FOR SAMPLE SELECTION BY SYSTEMATIC SELECTION		
	03. Record the systematic selection interval : Every _____ eligible client who was identified will be audited	04. Record the random starting number for beginning sample selection: Starting number: <input type="text"/>
05	NOTE NUMBER OF ORIGINALLY SELECTED SAMPLE PATIENTS REPLACED DUE TO MISSING RECORDS	NUMBER REPLACED NONE <input type="text"/> <input type="text"/> <input type="text"/> .00 <input type="text"/>
9221a	TIME REVIEW OF SAMPLE CHARTS STARTED	HOUR AND MINUTES (24 HOUR CLOCK) : :

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR PATIENT CARD/DATABASE)						
9222	QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	a	B	C	D	e	f
01	Is the individual patient record available?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
02	How many full months has the patient been enrolled in ART as of today?	<div><input type="text"/></div> <div><input type="text"/></div> DON'T KNOW 98	<div><input type="text"/></div> <div><input type="text"/></div> DON'T KNOW 98	<div><input type="text"/></div> <div><input type="text"/></div> DON'T KNOW 98	<div><input type="text"/></div> <div><input type="text"/></div> DON'T KNOW 98	<div><input type="text"/></div> <div><input type="text"/></div> DON'T KNOW 98
03	Was a confirmatory HIV test conducted prior to the patient starting on ART?	YES 1 NO 2→05 DON'T KNOW 98→05	YES 1 NO 2→05 DON'T KNOW 98→05	YES 1 NO 2→05 DON'T KNOW 98→05	YES 1 NO 2→05 DON'T KNOW 98→05	YES 1 NO 2→05 DON'T KNOW 98→05
04	What was the result of this confirmatory test prior to starting ART?	POSITIVE 1 NEGATIVE 2 DON'T KNOW ... 98	POSITIVE 1 NEGATIVE 2 DON'T KNOW 98	POSITIVE 1 NEGATIVE 2 DON'T KNOW 98	POSITIVE 1 NEGATIVE 2 DON'T KNOW 98	POSITIVE 1 NEGATIVE 2 DON'T KNOW 98
05	Was ART eligibility criteria documented in the patient record/register prior to beginning ART? ¹	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2
06	Is the patient's CD4 count documented at least once in the record/register?	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2
07	Is the patient's viral load documented at least once in the record/register?	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→09	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→09	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→09	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→09	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→09
08	What was the patient's most recent viral load?	DETECTABLE. ... 1 NON-DETECTABLE 2→10	DETECTABLE. ... 1 NON-DETECTABLE 2→10	DETECTABLE. ... 1 NON-DETECTABLE 2→10	DETECTABLE. ... 1 NON-DETECTABLE 2→10	DETECTABLE. ... 1 NON-DETECTABLE 2→10
09	Is adherence follow-up visit documented?	Yes, Documented 1 No, not documented 2	Yes, Documented 1 No, not documented 2	Yes, Documented 1 No, not documented 2	Yes, Documented 1 No, not documented 2	Yes, Documented 1 No, not documented 2
10	Was the patient's CD4 or clinical staging documented within 2 months of starting ART?	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2
11	Was the patient's CD4 or clinical staging	YES DOCUMENTED 1	YES DOCUMENTED 1	YES DOCUMENTED 1	YES DOCUMENTED 1	YES DOCUMENTED 1

¹ Country adapt question

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR PATIENT CARD/DATABASE)						
9222	QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	a	B	C	D	e	f
12	documented within the last 6 months?	NO, NOT DOCUMENTED 2	NO, NOT DOCUMENTED 2	NO, NOT DOCUMENTED 2	NO, NOT DOCUMENTED 2	NO, NOT DOCUMENTED 2
	Does the record show that the patient is currently on cotrim (CTX) preventive therapy (CPT)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
	Is the patient eligible for Cotrim (CTX) preventive therapy (CPT) according to national standards? 2	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98
PLEASE ANSWER THE QUESTIONS BELOW FROM THE RECORD FOR THE PATIENT'S <u>MOST RECENT "LONG" VISIT.</u>						
14	Is there documentation that the patient was assessed for cough the most recent visit?	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2
15	Is there a measured temperature or a comment on history of fever status documented the most recent visit?	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2
16	Is there a measured weight or a comment on status of weight loss for the patient the most recent visit?	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2
17	Is there documentation that the patient's history of exposure to a person with TB	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR PATIENT CARD/DATABASE)						
9222	QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	a	B	C	D	e	f
18	was assessed the most recent visit?					
	Was the patient's TB status documented for the most recent visit?	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→21	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→21	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→21	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→21	YES DOCUMENTED 1 NO, NOT DOCUMENTED 2→21
19	What was the patient's TB status?	No signs of TB...1→21 Presumptive TB...2 Currently on TPT...3 Confirmed TB...4 TB Treatment...5	No signs.....1→21 Presumptive TB...2 Currently on TPT...3 Confirmed TB...4 TB Treatment...5	No signs.....1→21 Presumptive TB...2 Currently on TPT...3 Confirmed TB...4 TB Treatment...5	No signs.....1→21 Presumptive TB...2 Currently on TPT...3 Confirmed TB...4 TB Treatment...5	No signs.....1→21 Presumptive TB...2 Currently on TPT3 Confirmed TB...4 TB Treatment...5
20	Is the patient currently enrolled in TB treatment?	YES 1→9223 NO 2 DON'T KNOW 98	YES 1→9223 NO 2 DON'T KNOW 98	YES 1→9223 NO 2 DON'T KNOW 98	YES 1→9223 NO 2 DON'T KNOW 98	YES 1→9223 NO 2 DON'T KNOW 98
21	Is the patient receiving TPT preventive treatment?	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98
22	Is the patient eligible for INH preventive treatment according to national guidelines ³	YES 1 NO 2 DON'T KNOW 98 0	YES 1 NO 2 DON'T KNOW 98 0	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98 0	YES 1 NO 2 DON'T KNOW 98 0
23	Is the patient ART regimen in accordance with national standards? If yes. Sight document	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW 98
24	CIRCLE THE LETTER FOR EACH TYPE OF RECORDS THAT WERE USED TO COLLECT ART INFORMATION FOR THIS FACILITY [COUNTRY ADAPT]	TYPE OF RECORD REGISTER: HTS..... A HIV Care Enrollment Register B REGISTER: ART C INDIVIDUAL PATIENT ART CARD/CHART/RECORD D REGISTER: TUBERCULOSIS E INDIVIDUAL PATIENT TB CARD/CHART/RECORD F INDIVIDUAL PATIENT OPD CARD/CHART/RECORD F COMPUTER DATABASE G				

⁹ Country adapt question

		REGISTER OR DATABASE: LABORATORY H REGISTER OR DATABASE: PHARMACY I OTHER W (SPECIFY)
9223	TIME RECORD REVIEW WAS COMPLETED	HOUR AND MINUTES 24 HOUR CLOCK :

9224: NOTES TO EXPLAIN ANY ISSUES THAT AROSE:

Malaria Record Review

E.1 MALARIA ELIGIBILITY: FEVER, LETHARGY, DIAGNOSIS MALARIA, MALARIA TEST OR DRUGS PRESCRIBED				
9300	OFFERS OUTPATIENT CURATIVE CARE SERVICES	NO OUTPATIENT CURATIVE CARE SERVICES	→END	
SECTION 1: COVER PAGE				
001	INCLUSION CRITERIA	SUSPECT MALARIA ADULT 1 SUSPECT MALARIA CHILD < 5 2 ALL AGES 3		
001a	MALARIA SAMPLE PATIENTS 1-5..... 1 MALARIA SAMPLE PATIENTS 6-10..... 2	→9093		
FACILITY IDENTIFICATION				
002	Name of facility	FACILITY CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
003	Name of State	REGION CODE	<input type="text"/>	
004	Name of LGA.....	DISTRICT CODE	<input type="text"/> <input type="text"/>	
INTERVIEWER VISITS				
005	Is this a supervisor validation check of a facility?	DATA COLLECTION FOR FACILITY ASSESSMENT 1 SUPERVISOR VALIDATION 2		
Date	1 _____	2 _____	3 _____	FINAL VISIT DAY MONTH YEAR INT. NUMBER
Interviewer Name	_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SAMPLE SELECTION: IDENTIFY ELIGIBLE PATIENTS STARTING WITH THE MOST RECENT FULL MONTH FOR WHICH THERE IS A SUMMARY REPORT COMPLETED. MAKE SURE ELIGIBLE PATIENTS ARE SELECTED FROM AT LEAST 3 DIFFERENT MONTHS. PROVIDE SAMPLING INFORMATION FOR ALL APPLICABLE ELIGIBILITY CRITERIA				
9301	IF INSUFFICIENT NUMBERS, EXPAND MONTHS OF REVIEW TO 6 MONTHS	MONTHS OF DATA REVIEWED TO IDENTIFY ELIGIBLE PATIENTS (a)	TOTAL <5'S RECEIVING OUTPATIENT CURATIVE CARE THE MONTHS SAMPLE WAS IDENTIFIED IN (b)	TOTAL ELIGIBLE PATIENTS IDENTIFIED (NUMBER SAMPLE WAS DRAWN FROM) (c)
01	SUSPECT MALARIA			

INFORMATION FOR SAMPLE SELECTION BY SYSTEMATIC SELECTION	
02. Record the systematic selection interval : Every _____ case is to be audited	03. Record the random starting number for beginning sample selection: Starting number: _____.
04 NOTE NUMBER OF ORIGINALLY SELECTED SAMPLE PATIENTS REPLACED DUE TO MISSING RECORDS	NUMBER REPLACED <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> NONE.....0
9301a	TIME REVIEW OF SAMPLE CHARTS STARTED: <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> HOUR AND MINUTES <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> : <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR PATIENT CARD/DATABASE)	

	9302 QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	a	b	c	d	e	f
01	Is the individual patient record available?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
A	PHYSICAL EXAMINATION					
01	Are any physical exam results documented?	YES 1 NO 2→B	YES 1 NO 2→B	YES 1 NO 2→B	YES 1 NO 2→B	YES 1 NO 2→B
02	What was the temperature of the patient?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW 98
B	SYMPTOMS AND CONDITIONS ASSESSED [RECORD 'NO' ONLY IF THE NOTE INDICATES THE FINDING IS NEGATIVE. RECORD 'DON'T KNOW' IF THERE IS NO RECORDING RELATED TO THE QUESTION]					
01	Are any other symptoms or conditions documented?	YES 1 NO 2→D	YES 1 NO 2→D	YES 1 NO 2→D	YES 1 NO 2→D	YES 1 NO 2→D
02	Was the patient anaemic?	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98
03	Did the patient have symptoms of tiredness/ fatigue/ listlessness?	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98
04	Did the patient have symptoms of fever?	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98
D	MALARIA SCREENING AND TREATMENT					
01	Was a malaria blood test prescribed/ performed? [e.g., RDT (or P/C), blood smear (or MS)]	YES 1 NO →05	YES 1 NO →05	YES 1 NO →05	YES 1 NO →05	YES 1 NO →05
02	What malaria blood test was prescribed/performed?	RDT 1 BLOOD SMEAR 2 OTHER/ NOT SPECIFIED . 3	RDT 1 BLOOD SMEAR 2 OTHER/ NOT SPECIFIED . 3	RDT 1 BLOOD SMEAR 2 OTHER/ NOT SPECIFIED . 3	RDT 1 BLOOD SMEAR 2 OTHER/ NOT SPECIFIED . 3	RDT 1 BLOOD SMEAR 2 OTHER/ NOT SPECIFIED . 3
03	What were the malaria blood test results	POSITIVE ... →06 NEGATIVE 2→05	POSITIVE →06 NEGATIVE 2→05	POSITIVE ... →05 NEGATIVE 2→05	POSITIVE ... →06 NEGATIVE 2→05	POSITIVE →06 NEGATIVE 2→05

9302 QUESTIONS		PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	a	b	c	d	e	f
	recorded in the record?	DON'T KNOW ... 98	DON'T KNOW ... 98	DON'T KNOW ... 98	DON'T KNOW ... 98	DON'T KNOW ... 98
04	What were the malaria blood test results recorded in the laboratory register?	POSITIVE ... →06 NEGATIVE 2 DON'T KNOW ... 98	POSITIVE →06 NEGATIVE 2 DON'T KNOW ... 98	POSITIVE ... →06 NEGATIVE 2 DON'T KNOW ... 98	POSITIVE →06 NEGATIVE 2 DON'T KNOW ... 98	POSITIVE →06 NEGATIVE 2 DON'T KNOW ... 98
05	Was clinical malaria diagnosed?	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98
06	Was any antimalarial drug prescribed or provided?	YES 1 NO 2 →9 DON'T KNOW 98 →10	YES 1 NO 2 →10 DON'T KNOW 98 →10	YES 1 NO 2 →10 DON'T KNOW 98 →10	YES 1 NO 2 →10 DON'T KNOW 98 →10	YES 1 NO 2 →10 DON'T KNOW 98 →10
07	Was an ACT (e.g., coartem) prescribed or provided?	YES 1 NO 2 →08 DON'T KNOW 98 →08	YES 1 NO 2 →08 DON'T KNOW 98 →08	YES 1 NO 2 →08 DON'T KNOW 98 →08	YES 1 NO 2 →08 DON'T KNOW 98 →08	YES 1 NO 2 →08 DON'T KNOW 98 →08
08	Was the ACT prescribed/provided and dose as per guidelines? DOSAGES: 2-11months: 25mg tab (1 tab) x /day x 3dy 12-59m: 50mg tab (2 tab) 2x/day x 3dy 60+m: 100mg (4 tab) 2x/day x 3 dy or: 5-<15 kg: 1 tab 2x/dy x 3dy 15-<25kg: 2 tab 2x/day x dy 25-<35 kg: 3 tab 2x/day x3dy 35+ kg: 4 tab 2x/day x 3 dy	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98
09	Were other antimalarial drugs prescribed or provided?	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98
10	What were the total number of different drugs prescribed/? provided?	<input type="text"/> DON'T KNOW 98	<input type="text"/> DON'T KNOW 98	<input type="text"/> DON'T KNOW 98	<input type="text"/> DON'T KNOW 98	<input type="text"/> DON'T KNOW 98
G	DIAGNOSTIC OUTCOME RECORDED [OTHER THAN MALARIA]					
01	Is any diagnosis <u>other than malaria</u> recorded?	YES 1 NO 2 →9303	YES 1 NO 2 →9303	YES 1 NO 2 →9303	YES 1 NO 2 →9303	YES 1 NO 2 →9303
02	Was the patient diagnosed with any respiratory illness?	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98
9303	TIME RECORD REVIEW WAS COMPLETED			HOUR AND MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		

9304 NOTES TO EXPLAIN ANY ISSUES THAT AROSE:

Tuberculosis Record Review

D.1 TUBERCULOSIS			
ELIGIBILITY: TUBERCULOSIS (TB) PATIENTS WHO ARE IN THEIR 6TH OR MORE MONTH OF FIRST-LINE TREATMENT			
9090	ANY TB SERVICES	NO TB SERVICES	→END
9090b	When was the last time TB service was offered in this facility	1. Within the last six months 2. More than six months	→END

SECTION 1: COVER PAGE			
001	Inclusion criteria	SPUTUM POSITIVE PULMONARY TB, and ON 1 ST LINE TREATMENT AND IN 6 TH OR MORE MONTH OF TREATMENT OR CURED/COMPLETED FIRST-LINE TREATMENT 1 <i>EXCLUDE: PATIENTS WHO DROPPED OUT, DIED, REFERRED ELSEWHERE FOR TREATMENT, EXTRAPULMONARY TB CASES.</i>	

FACILITY IDENTIFICATION			
002	Name of facility _____	FACILITY CODE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
003	Name of region _____	REGION CODE <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
004	Name of district _____	DISTRICT CODE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	

INTERVIEWER VISITS			
005	Is this a supervisor validation check of a facility?	DATA COLLECTION FOR FACILITY ASSESSMENT 1 SUPERVISOR VALIDATION 2	
Date	1 _____	2 _____	3 _____ <div style="display: flex; justify-content: space-between;"> <div> FINAL VISIT DAY <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>
Interviewer Name	_____	_____	INT. NUMBER <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

9091	CIRCLE THE NUMBER FOR THE TYPE OF TB SERVICES THAT ARE PROVIDED BY THIS FACILITY	TB DRUG PROVISION AND PATIENT COMPLIANCE FOLLOW-UP, NO PRESCRIPTION FOR DRUG REGIMEN OR CLINICAL FOLLOW-UP 1 TB TREATMENT PRESCRIPTION AND CLINICAL FOLLOW UP SERVICES BUT NO COMPLIANCE FOLLOW UP 2 ALL THREE SERVICES: DIAGNOSIS, PRESCRIPTION, CLINICAL FOLLOW UP, AND COMPLIANCE FOLLOW UP 3
------	--	--

IDENTIFY SOURCE DOCUMENT FOR ELIGIBLE PATIENTS AND LIST ELIGIBLE PATIENTS ACCORDING TO CRITERIA			
01a	NUMBER OF 1 ST LINE ELIGIBLE PATIENTS	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	01b NUMBER OF MONTHS <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> →02a

	IDENTIFIED	NOT APPLICABLE → 01c	REQUIRED TO IDENTIFY ELIGIBLES	
02a	TOTAL TB CURED MOST RECENT QUARTERLY REPORT	<input type="text"/> <input type="text"/> <input type="text"/>	02b. TOTAL TB PATIENTS UNDER TREATMENT MOST RECENT QUARTERLY REPORT	<input type="text"/> <input type="text"/> <input type="text"/>
INFORMATION FOR SAMPLE SELECTION BY SYSTEMATIC SELECTION				
	03. Record the systematic selection interval : Every _____ eligible client who was identified will be audited		04. Record the random starting number for beginning sample selection: Starting number: _____.	
05	NOTE NUMBER OF ORIGINALLY SELECTED SAMPLE PATIENTS REPLACED DUE TO MISSING RECORDS		NUMBER REPLACED <input type="text"/> <input type="text"/> NONE 00	
9091a	TIME REVIEW OF SAMPLE CHARTS STARTED:	HOUR AND MINUTES 24-HOUR CLOCK <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR PATIENT CARD/DATABASE)				

9092 QUESTIONS		PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
A		b	c	d	e	f
01	Is the patient's health card available?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
02	Number of <u>completed</u> months on TB treatment	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW 98	<input type="text"/> <input type="text"/> DON'T KNOW 98
03	Was the patient diagnosis based on at least 2 of 3 sputum specimens being positive?	YES 1 → 07 NO 2 DON'T KNOW 98	YES 1 → 07 NO 2 DON'T KNOW ... 98	YES 1 → 07 NO 2 DON'T KNOW ... 98	YES 1 → 07 NO 2 DON'T KNOW 98	YES 1 → 07 NO 2 DON'T KNOW ... 98
04	Was the patient diagnosis based on 1 positive sputum specimen?	YES 1 → 07 NO 2 DON'T KNOW 98	YES 1 → 07 NO 2 DON'T KNOW ... 98	YES 1 → 07 NO 2 DON'T KNOW ... 98	YES 1 → 07 NO 2 DON'T KNOW 98	YES 1 → 07 NO 2 DON'T KNOW ... 98
05	Was patient diagnosis based on Xpert MTB/RIF rapid diagnostic test? ⁴	YES 1 → 07 NO 2 DON'T KNOW 98	YES 1 → 07 NO 2 DON'T KNOW ... 98	YES 1 → 07 NO 2 DON'T KNOW ... 98	YES 1 → 07 NO 2 DON'T KNOW 98	YES 1 → 07 NO 2 DON'T KNOW ... 98
06	Was the patient diagnosis based on clinical history?	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW 98	YES 1 NO 2 DON'T KNOW ... 98
07	Number of days between diagnosis and start of treatment (The day of diagnosis is "day 0")	<input type="text"/> <input type="text"/> SAME DAY ... 00 DON'T KNOW 98	<input type="text"/> <input type="text"/> SAME DAY ... 00 DON'T KNOW 98	<input type="text"/> <input type="text"/> SAME DAY ... 00 DON'T KNOW 98	<input type="text"/> <input type="text"/> SAME DAY ... 00 DON'T KNOW 98	<input type="text"/> <input type="text"/> SAME DAY ... 00 DON'T KNOW 98
08	Was any household member of the patient screened for TB?	Yes 1 No 2 → 10 DON'T KNOW 98 → 10	Yes 1 No 2 → 10 DON'T KNOW 98 → 10	Yes 1 No 2 → 10 DON'T KNOW 98 → 10	Yes 1 No 2 → 10 DON'T KNOW 98 → 10	Yes 1 No 2 → 10 DON'T KNOW 98 → 10

⁴ If clinically diagnosed cases are not included in the sample, make all 3 responses skip to '07'.

	9092 QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	A	b	c	d	e	f
09	Were all household members of the patient screened for TB?	YES.....1 NO.....2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES..... 1 NO2 DON'T KNOW.... 98	YES 1 NO2 DON'T KNOW ... 98
10	Patient meets any of the following criteria: • Retreatment case • contact with drug resistant case, • treatment failure, and/or • + sputum microscopy at /3 rd month of treatment	YES.....1 NO.....2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES..... 1 NO2 DON'T KNOW.... 98	YES 1 NO2 DON'T KNOW ... 98
11	Was a TB drug susceptibility test prescribed or conducted ⁶ ?	Yes.....1 No2→13 DON'T KNOW98→13	Yes1 No 2→13 DON'T KNOW98→13	Yes..... 1 No.....2→13 DON'T KNOW98→13	Yes..... 1 No 2→13 DON'T KNOW98→13	Yes 1 No.....2→13 DON'T KNOW98→13
12	Was the drug susceptibility test negative, that is, no resistance?	YES.....1 NO.....2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES 1 NO 2 DON'T KNOW ... 98	YES..... 1 NO2 DON'T KNOW.... 98	YES 1 NO2 DON'T KNOW ... 98
13	Was a sputum microscopy result documented at the 2nd month of treatment?	YES.....1 NO.....2	YES1 NO2	YES 1 NO 2	YES..... 1 NO2	YES 1 NO2
14	Was a sputum microscopy result documented at the 5th month of treatment	YES.....1 NO.....2	YES1 NO2	YES 1 NO 2	YES..... 1 NO2	YES 1 NO2
15	Was a sputum microscopy result documented during last month of treatment	YES.....1 NO.....2 NOT ELIGIBLE3	YES1 NO2 NOT ELIGIBLE3	YES 1 NO 2 NOT ELIGIBLE.... 3	YES..... 1 NO2 NOT ELIGIBLE3	YES 1 NO2 NOT ELIGIBLE3
16	Was clinical monitoring checking for weight changes documented for every visit	YES.....1 NO.....2	YES1 NO2	YES 1 NO 2	YES..... 1 NO2	YES 1 NO2
17	Was clinical monitoring checking for symptom changes documented every visit	YES.....1 NO.....2	YES1 NO2	YES 1 NO 2	YES..... 1 NO2	YES 1 NO2

⁵ Country adapts as per national protocol

⁶ Country adapts the types of tests accepted/expected for drug resistance

	9092 QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	A	b	c	d	e	f
18	Was the most recent drug collected on time	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98
19	Was the 1st line TB treatment regimen prescribed ⁷ ?	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98
20	Was the 2 nd line TB treatment regimen prescribed ⁸ ?	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98
21	Was an HIV test result recorded for the patient?	YES1 NO2→27	YES1 NO2→27	YES1 NO2→27	YES1 NO2→27	YES1 NO2→27
22	Was the patient HIV positive?	YES1 NO2→27	YES1 NO2→27	YES1 NO2→27	YES1 NO2→27	YES1 NO2→27
23	Was the HIV positive patient referred/enrolled in ART	YES1 NO2→25	YES1 NO2→25	YES1 NO2→25	YES1 NO2→25	YES1 NO2→25
24	Was the patient started on ART?	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98
25	Does the record show that the patient is currently on cotrim (CTX) preventive therapy (CPT)	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98
26	Is the patient eligible for Cotrim (CTX) preventive therapy (CPT) according to national standards? ⁹	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW ... 98	YES1 NO2 DON'T KNOW98	YES1 NO2 DON'T KNOW ... 98

27	<p>CIRCLE THE LETTER FOR EACH TYPE OF RECORDS THAT WERE USED TO COLLECT TB INFORMATION FOR THIS FACILITY</p> <p>[COUNTRY ADAPT LIST]</p>	<p>TYPE OF RECORD</p> <p>REGISTER: VCT A</p> <p>REGISTER: PRE-ART B</p> <p>REGISTER: ART C</p> <p>INDIVIDUAL PATIENT ART</p> <p>CARD/CHART/RECORD D</p> <p>REGISTER: TUBERCULOSIS E</p> <p>INDIVIDUAL PATIENT TB</p> <p>CARD/CHART/RECORD F</p> <p>INDIVIDUAL PATIENT OPD</p> <p>CARD/CHART/RECORD F</p> <p>COMPUTER DATABASE G</p> <p>REGISTER OR DATABASE: LABORATORY H</p> <p>REGISTER OR DATABASE: PHARMACY I</p> <p>OTHER W</p>	
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⁷ Country adapts 1st line regimen to be checked.

⁸ Country adapts the 2nd line regimen to be checked.

⁹ Country adapts

		(SPECIFY)	
9093	TIME RECORD REVIEW WAS COMPLETED: (WRITE A NOTE TO ESTIMATE HOW MUCH OF THIS TIME WAS SPENT IN WAITING FOR A PROVIDER TO HAVE TIME TO HELP).	HOUR AND MINUTES 24 HOUR CLOCK	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

Q9094 NOTES TO EXPLAIN ANY ISSUES THAT AROSE:

PMTCT Record Review

B.2 PMTCT RECORD REVIEW			
ELIGIBILITY: HIV POSITIVE WOMEN WHO RECEIVED PMTCT DURING ANC, HAD A LIVEBIRTH, AND IS ESTIMATED TO HAVE DELIVERED AT LEAST 8 WEEKS AGO			
9000	ANC SERVICES OFFERED	ANC SERVICES NOT OFFERED	STOP
9020	PMTCT SERVICES OFFERED	PMTCT SERVICES NOT OFFERED	STOP
SECTION 1: COVER PAGE			
001	Facility number		
001a	Inclusion criteria	ALL WHO MEET ELIGIBILITY 1	
001b	PMTCT SAMPLE PATIENTS 1-5 1 PMTCT SAMPLE PATIENTS 6-10 2	→ 9022	
<u>FACILITY IDENTIFICATION</u>			
002	Name of facility _____	FACILITY CODE	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
003	Name of region _____	REGION CODE	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
004	Name of district _____	DISTRICT CODE	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<u>INTERVIEWER VISITS</u>			
005	Is this a supervisor validation check of a facility?	DATA COLLECTION FOR FACILITY ASSESSMENT 1 SUPERVISOR VALIDATION 2	
Date	1 _____	2 _____	3 _____
Interviewer Name	_____	_____	_____
			FINAL VISIT DAY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> MONTH YEAR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> INT. NUMBER <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
9021	SOURCE DATA FOR <u>SAMPLE SELECTION</u> IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY	ANC REGISTER A PMTCT REGISTER B C&T REGISTER C ANC DATABASE D PMTCT DATABASE E OTHER W (SPECIFY)	

SAMPLE SELECTION: IDENTIFY THE MOST RECENT ANC VISITS FOR WOMEN WHO'S LMP IS ESTIMATED TO HAVE BEEN 11 FULL MONTHS PRIOR TO TODAY. IDENTIFICATION OF ELIGIBLE PATIENTS WILL VARY DEPENDING ON WHETHER PATIENTS ARE RECORDED IN REGISTERS CHRONOLOGICALLY OR COHORT BY LMP.						
		(a)	(b) NUMBER OF MONTHS REVIEWED FOR SELECTING SAMPLE			
01	TOTAL ANC PATIENTS TESTED FOR HIV DURING THE MONTHS FROM WHICH THE SAMPLE IS DRAWN	<input type="text"/> <input type="text"/> <input type="text"/>				
02	TOTAL NUMBER OF ELIGIBLE PATIENTS IDENTIFIED	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			
INFORMATION FOR SAMPLE SELECTION BY SYSTEMATIC SELECTION						
	03. Record the systematic selection interval : Every _____ eligible client who was identified will be audited		04. Record the random starting number for beginning sample selection: Starting number: _____			
05	NOTE NUMBER OF ORIGINALLY SELECTED SAMPLE PATIENTS REPLACED DUE TO MISSING RECORDS	NUMBER REPLACED <input type="text"/> <input type="text"/> NONE.....00				
9021a	TIME REVIEW OF SAMPLE CHARTS STARTED:	HOUR AND MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>				
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR PATIENT CARD/DATABASE)						
9022	QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	a	b	c	d	e	F
01	Is the individual patient chart available for the mother?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
02	Is there an individual patient chart available for the infant that is separate from the mother's chart?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
03	Are mother and newborn identifiers the same or otherwise linked?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
04	Did the HIV positive woman receive a confirmatory HIV test prior to starting ARV or ART therapy?	YES.....1 NO.....2 DON'T KNOW.....98	YES.....1 NO.....2 DON'T KNOW.....98	YES.....1 NO.....2 DON'T KNOW.....98	YES.....1 NO.....2 DON'T KNOW.....98	YES.....1 NO.....2 DON'T KNOW.....98
A	PATIENT SERVICE					
01	Was the HIV positive woman	YES.....1 NO.....3→05 DON'T	YES.....1 NO.....3→05 DON'T	YES.....1 NO.....3→05 DON'T	YES.....1 NO.....3→05 DON'T	YES.....1 NO.....3→05 DON'T

9022	QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	a	b	c	d	e	F
	referred elsewhere for ART during ANC?	KNOW.....98→05	KNOW98→05	KNOW98→05	KNOW98→05	KNOW.....98→05
02	Did the woman begin ART during ANC?	YES.....1→07 NO2 DON'T KNOW.....98	YES1→07 NO2 DON'T KNOW3	YES1→07 NO2 DON'T KNOW3	YES.....1→07 NO2 DON'T KNOW.....3	YES.....1→07 NO2 DON'T KNOW.....3
05	Was the HIV positive woman referred elsewhere for ART or started on ART after delivery?	YES.....1 NO2→07 DON'T KNOW.....3→07	YES1 NO2→07 DON'T KNOW3→07	YES1 NO2→07 DON'T KNOW3→07	YES.....1 NO2→07 DON'T KNOW.....3→07	YES.....1 NO2→07 DON'T KNOW.....3→07
06	Did the woman begin long-term ART after delivery?	YES.....1 NO2 DON'T KNOW.....3	YES1 NO2 DON'T KNOW3	YES1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW.....3	YES.....1 NO2 DON'T KNOW.....3
07	Did the HIV positive woman receive Cotrim (CTX) preventive therapy (CPT)?	YES.....1 NO2 DON'T KNOW.....3	YES1 NO2 DON'T KNOW3	YES1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW.....3	YES.....1 NO2 DON'T KNOW.....3
08	Is the partner's HIV status recorded?	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2	YES, DOCUMENTED1 NO, NOT DOCUMENTED2
B	PMTCT DURING LABOUR					
01	Did the patient deliver in this facility?	YES.....1 NO2 DON'T KNOW.....3	YES1 NO2 DON'T KNOW3	YES1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW.....3	YES.....1 NO2 DON'T KNOW.....3
02	Did the woman either receive ARV during delivery	YES.....1 NO2 DON'T KNOW.....3	YES1 NO2 DON'T KNOW3	YES1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW.....3	YES.....1 NO2 DON'T KNOW.....3
03	Did the newborn receive an ARV prophylaxis dose after birth?	YES.....1 NO2→C DON'T KNOW.....3→C	YES1 NO2→C DON'T KNOW3→C	YES1 NO2→C DON'T KNOW3→C	YES.....1 NO2→C DON'T KNOW.....3→C	YES.....1 NO2→C DON'T KNOW.....3→C
04	Did the newborn receive the ARV prophylaxis dose within 3 days after birth?	YES.....1 NO2 DON'T KNOW.....3	YES1 NO2 DON'T KNOW3	YES1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW.....3	YES.....1 NO2 DON'T KNOW.....3
C	POSTPARTUM PMTCT					

9022	QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5	
	a	b	c	d	e	F	
01	Was the infant's blood specimen taken for HIV testing?	YES.....1 NO2→07 DON'T KNOW.....3→07	YES1 NO2→07 DON'T KNOW3→07	YES1 NO2→07 DON'T KNOW3→07	YES1 NO2→07 DON'T KNOW3→07	YES.....1 NO2→07 DON'T KNOW.....3→07	
02	Was the infant HIV test performed within 8 weeks from birth?	YES.....1 NO2 DON'T KNOW.....3	YES1 NO2 DON'T KNOW3	YES NO2 DON'T KNOW3	YES1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW.....3	
03	Is there any documentation that the caretaker received the infant's HIV test results?	YES.....1 NO2	YES1 NO2	YES1 NO2	YES.....1 NO2	YES.....1 NO2	
04	What was the infant's HIV test result?	POSITIVE1 NEGATIVE.....2→07 DON'T KNOW.....3→07	POSITIVE1 NEGATIVE2→07 DON'T KNOW3→07	POSITIVE.....1 NEGATIVE2→07 DON'T KNOW3→07	POSITIVE1 NEGATIVE.....2→07 DON'T KNOW3→07	POSITIVE1 NEGATIVE.....2→07 DON'T KNOW.....3→07	
05	Was the infant referred for ART and follow up?	YES.....1 NO2→07 DON'T KNOW.....3→07	YES1 NO2→07 DON'T KNOW3→07	YES1 NO2→07 DON'T KNOW3→07	YES.....1 NO2→07 DON'T KNOW3→07	YES.....1 NO2→07 DON'T KNOW.....3→07	
06	Was the infant started on ART?	YES.....1 NO2 DON'T KNOW.....3	YES1 NO2 DON'T KNOW3	YES NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW.....3	
07	Was the infant started on Cotrim (CTX) prophylaxis (CPT)?	YES.....1 NO2→D DON'T KNOW.....3→D	YES1 NO2→D DON'T KNOW3→D	YES1 NO2→D DON'T KNOW3→D	YES.....1 NO2→D DON'T KNOW.....3→D	YES.....1 NO2→D DON'T KNOW.....3→D	
08	Did the infant begin Cotrim (CTX) preventive therapy (CPT) within 6-8 weeks of birth?	YES.....1 NO2 DON'T KNOW.....3	YES1 NO2 DON'T KNOW3	YES1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW3	YES.....1 NO2 DON'T KNOW.....3	
D	INFORMATION ON FINAL SAMPLE						
01	<p>CIRCLE THE LETTER FOR EACH TYPE OF RECORDS THAT WERE USED TO COLLECT PMTCT INFORMATION FOR THIS FACILITY.</p> <p>[COUNTRY ADAPT]</p>	<p>TYPE OF RECORD</p> <p>ANTENATAL CARE REGISTER A</p> <p>PMTCT REGISTER B</p> <p>HTS REGISTER..... C</p> <p>HIV Care Enrollment Register D</p> <p>ART REGISTER E</p> <p>PMTCT LABOR AND DELIVERY REGISTER F</p> <p>Child Follow up Register G</p> <p>MOTHER-BABY REGISTER..... H</p> <p>BABY (DRIED BLOOD SPOT) REGISTER I</p>					

9022	QUESTIONS	PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4	PATIENT 5
	a	b	c	d	e	F
			INDIVIDUAL PATIENT ANC/MNCH/PMTCT CARD/CHART/RECORDJ COMPUTER DATABASE K REGISTER OR DATABASE: LABORATORYL REGISTER OR DATABASE: PHARMACYM OTHER (SPECIFY)..... W			
9023	TIME RECORD REVIEW WAS COMPLETED:			HOUR AND MINUTES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> :		

9024 NOTES TO EXPLAIN ANY ISSUES THAT AROSE: