

HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

Module 3

Quality of care

Record review

Additional / Supplementary questionnaire

JANUARY 2022



World Health
Organization

Harmonized health facility assessment (HHFA)

**Quality of care: Record review
Additional / Supplementary questionnaire**

This is a working document that will be updated intermittently based on implementation experience and feedback from users. Users are invited to submit comments through the HHFA feedback form at: <https://feedback.hhfa.online>

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HHFA overview

The Harmonized Health Facility Assessment (HHFA) is a comprehensive, standardized health facility survey that provides objective information on the availability of health facility services and the systems that facilities have in place to deliver the services at required standards of quality.

Availability and quality of health services are integral to achieving universal health coverage (UHC) and contribute to attaining the health-related Sustainable Development Goals (SDGs). HHFA data support health sector reviews and evidence-based decision-making for strengthening country health services. Developed through multi-stakeholder collaboration, the HHFA is based on global service standards and draws upon existing global facility survey instruments. The HHFA uses standardised indicators, questionnaires, data collection methodologies and data analysis tools. Standardization promotes alignment of facility survey approaches, enables comparability of results over time and across geographic areas, and can support capacity-building through consistent application of global standards.

HHFA modules

The HHFA includes four modules: 1) service availability, 2) service readiness, 3) quality of care, and 4) management and finance.

A module represents a set of questions (in questionnaire format) related to a defined set of indicators in a specific disease, programme or service management area. The modular approach, with core and additional questions, enables countries to adapt the survey to their needs. HHFA questionnaires are provided in two formats: “stand-alone” and “combined”. Each HHFA module includes a set of stand-alone questionnaires that may be designated Core, Core+Additional and/or Supplementary. The Combined questionnaire contains questions from multiple modules, integrated and organized by service site or respondent to facilitate data collection at facility level.

Fig. 1 HHFA modules, indicator domains and questionnaires

Module 1 Service availability	Module 2 Service readiness	Module 3 Quality of care	Module 4 Management and finance
<ul style="list-style-type: none"> Facility characteristics Staff Beds Diagnostics Availability of specific services 	Capacity to provide specific services according to defined standards: <ul style="list-style-type: none"> Guidelines, trained staff, equipment, commodities Systems to support quality and safety Provider competency 	<ul style="list-style-type: none"> Adherence to standards in patient care process Patient experience 	Practices to support continuous service availability and quality: <ul style="list-style-type: none"> Management Finance Quality assurance Health worker absenteeism
Questionnaires	Questionnaires	Questionnaires	Questionnaires
<ul style="list-style-type: none"> Availability: Core 	<ul style="list-style-type: none"> Readiness: Core 	<ul style="list-style-type: none"> Quality of care: Additional/Supplementary - Record review* 	<ul style="list-style-type: none"> Management and Finance: Core
<ul style="list-style-type: none"> Availability: Core+Additional 	<ul style="list-style-type: none"> Readiness: Additional/Supplementary - Provider competency† 	<ul style="list-style-type: none"> Quality of care: Additional/Supplementary - Patient experience† 	<ul style="list-style-type: none"> Management and Finance: Core+Additional
<ul style="list-style-type: none"> Availability: Additional/Supplementary - Building structure 			<ul style="list-style-type: none"> Management and Finance: Additional/Supplementary - Health worker absenteeism†
Combined questionnaire			

*Available 2022 †Future development

HHFA questionnaire content and structure

The content of a HHFA questionnaire is organized into sections and subsections that contain questions related to a specific service aspect or programme.

The paper questionnaire is typically structured into five columns:

Column 1: Mod/Ind
Column 2: No.
Column 3: Question
Column 4: Result
Column 5: Skip

Mod/Ind	No.	Question	Result	Skip
		10. FACILITY-LEVEL RESOURCES AND SAFETY PRACTICES		
		10.1. INFRASTRUCTURE		
		10.1.1. COMMUNICATIONS		
		I would like to know about the infrastructure resources available in this facility as well as systems for final waste disposal and transportation that are used by this facility. If conditions are different in different sections of the facility, for example for outpatient and inpatient services, please provide the response for the highest level of infrastructure that is available for the facility.		
R_C / APG, MHL, MHM	2500	Does this facility have a means for communicating outside the facility such as a phone or radio that are supported by the facility?	YES, FUNCTIONAL..... 1 YES, NOT FUNCTIONAL..... 2 NO, ONLY PRIVATE PHONES..... 3 NO OUTSIDE COMMUNICATION..... 4	
R_C / APH, MHL, MHM	2501	Does this facility have a functioning computer?	YES..... 1 NO..... 2	
R_C / APH, MHL, MHM	2502	Is there access to email or internet within the facility today? IF YES, CLARIFY IF THERE IS A FACILITY DEVICE THAT CAN BE USED FOR INTERNET ACCESS OR IF ACCESS IS ONLY THROUGH PRIVATE DEVICES.	YES, FACILITY DEVICE 1 YES, ONLY PRIVATE DEVICES 2 NO 3	→Q2504

- **Column 1 - Mod/Ind:** The first letter in Column 1 shows the module to which the question belongs: A for Availability, R for Readiness, M for Management and finance, or Q for Quality of care. The second letter (after the underscore symbol) denotes the kind of question: C for Core or A for Additional. After the backslash symbol, there may be one or more sets of three-letter codes. Each three-letter code represents the unique permanent identification (ID) code of an HHFA indicator for which this question is needed. This unique ID can be used to find the indicator(s) in the HHFA indicator inventory platform associated with the question.
- **Column 2 – No:** Column 2 contains the number of the HHFA question. There may be a single number per question, or a main number with sub-questions below it, e.g., Q2401 (main question), Q2401_01 (sub-question).
- **Column 3 - Question:** Column 3 contains the question that is read to the respondent by the interviewer. It may also contain additional clarifying information (in non-capitalized font) that the interviewer reads to the respondent. This column may also include instructions (in CAPITALS) to the interviewer. (These instructions are not read to the respondent.)
- **Column 4 - Result:** Column 4 contains the response options. Different types of response options are used for different types of questions, e.g., pre-coded responses where one or more options are selected, fields requiring entry of a number or text, or combinations of these.
- **Column 5 - Skip:** This column contains arrows that instruct the interviewer to skip to a specific question or to other instructions, if necessary.

The questionnaires also contain sentences in red font that often include the term “COUNTRY ADAPT”. These sentences highlight questions that may need adaptation to the country context before the survey is finalized for country implementation.

Note that the HHFA paper questionnaires are used mainly to review questions during the country questionnaire adaptation process as part of HHFA planning. All the questionnaires have been programmed into the HHFA CPro electronic data collection tool. Data collectors use this tool to collect the HHFA data on handheld devices such as mobile phones or tablets.

HHFA resource package

WHO has developed a comprehensive package of downloadable resources and tools to support countries in adapting, planning, and implementing a HHFA. The HHFA resource package includes the following: Quick guide, Implementation guide, Indicator inventory, Questionnaires, CPro electronic data collection tool, Data manager’s guide, Analysis platform, and Training resources. The resource package is available at: <https://www.who.int/data/data-collection-tools/harmonized-health-facility-assessment/introduction>

Instrument

Mod/Ind	No.	Question	Result	Skip
		1. COVER		
		1.1. COVER PAGE AND FACILITY IDENTIFIERS		
		1.1.1. FACILITY IDENTIFIERS		
		[COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]		
ALL	100	Facility code	— — — — —	
ALL	101	Is this a supervisor validation check of a facility?	YES, SUPERVISOR VALIDATION 1 NO, DATA COLLECTION FOR FACILITY SURVEY 2	
ALL	102	Name of facility	_____	
ALL	103	Is this facility known by any other names? IF YES, PLEASE SPECIFY	YES 1 NO 2 IF YES, SPECIFY: _____	
ALL	104	Location of facility	_____	
ALL	105	Name of region/province	NAME OF REGION/PROVINCE: _____ REGION/PROVINCE CODE — —	
ALL	106	Name of district	NAME OF DISTRICT: _____ DISTRICT CODE — — [COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]	

Mod/Ind	No.	Question	Result	Skip																																
ALL	107	Interview date	<p style="text-align: center;">FIRST VISIT(S)</p> <table border="1"> <thead> <tr> <th rowspan="2">VISIT NO.</th><th colspan="4">DATE</th><th rowspan="2">INTERVIEWER CODE</th><th rowspan="2">RESULT CODE*</th></tr> <tr> <th>DD</th><th>MM</th><th colspan="2">YYYY</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>*RESULT CODE 1 = INTERVIEW STARTED 2 = POSTPONED 3 = FACILITY CLOSED 4 = FACILITY DESTROYED 5 = FACILITY NOT FOUND 6 = OTHER</p> <p>COMPLETE GPS COORDINATES REGARDLESS OF RESULTS CODE</p> <p style="text-align: center;">FINAL VISIT</p> <p>DAY _____</p> <p>MONTH _____</p> <p>YEAR _____</p> <p>INTERVIEWER CODE _____</p> <p>RESULT CODE _____</p>	VISIT NO.	DATE				INTERVIEWER CODE	RESULT CODE*	DD	MM	YYYY		1							2							3							
VISIT NO.	DATE				INTERVIEWER CODE	RESULT CODE*																														
	DD	MM	YYYY																																	
1																																				
2																																				
3																																				
1.1.2. GEOGRAPHIC COORDINATES																																				
ALL		<p>RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS</p> <p>SET DEFAULT SETTINGS FOR GPS:</p> <ol style="list-style-type: none"> 1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE 2. SET COORDINATE FORMAT TO DECIMAL DEGREES 3. SET DATUM TO WGS84 <p>MOVE TO MAIN ENTRANCE OF THE BUILDING. STAND WITHIN 30 M OF MAIN ENTRANCE WITH VIEW OF SKY:</p> <ol style="list-style-type: none"> 4. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION" 5. WRITE ALTITUDE 6. PRESS "MARK" 7. HIGHLIGHT "AVERAGE" AND PRESS "ENTER" 8. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER" 9. ENTER FACILITY CODE 10. WAIT 5 MINUTES 11. HIGHLIGHT "SAVE" AND PRESS "ENTER" 12. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER" 13. HIGHLIGHT YOUR WAYPOINT 14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW. <p>BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM</p>																																		

Mod/Ind	No.	Question	Result	Skip
ALL	108	Waypoint name (facility number)	— — — — — — —	
ALL	109	Altitude (m)	— — — —	
ALL	110	Latitude	N/S.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — — —	
ALL	111	Longitude	E/W.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — — —	
1.1.3. CONSENT				
		<p>The [survey manager and survey implementer] in close collaboration with the [other relevant entities] are working to collect information about the availability of key health services in different facilities. This information will be collected in selected primary health care and secondary referral facilities across the country. The survey is part of the [government's] ongoing efforts to understand what services are being offered and where they are being offered.</p> <p>The present study will be conducted across the country. The facilities included in the survey were selected randomly from a list of all facilities at the [subnational level]. The selection process was done in a manner that ensured equal opportunity for every facility in each [state] to be included in the sample.</p> <p>As the in-charge of this facility, we are asking you to help us to collect the information from the persons who are most knowledgeable about the services. For any questions we ask, if there is another person who is in a better position to provide details, please feel free to refer us to that person. We will want to speak with persons familiar with the various services so that we can correctly identify the components of these services that are offered in this facility. We anticipate that the time required from an individual respondent to complete data collection from a service site may take from 5 to 10 minutes, depending on how busy each separate site is.</p> <p>Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with.</p> <p>The information on service availability will be shared with the Ministry of Health (MOH) and other relevant stakeholders who support the MOH, to provide information for planning purposes. No names of any respondents will be shared.</p> <p>In case you have any question(s) about this survey at any time, please feel free to contact any of the following people:</p> <p>[LIST NAMES AND PHONE NUMBERS OF SURVEY MANAGEMENT PERSONS WHO CAN BE CONTACTED]</p> <p>At this point do you have any questions about the study? Do I have your agreement to proceed?</p>		
		<hr/> <div> <i>Signature of team leader indicating informed consent was read and agreed by the person in-charge/acting in-charge</i> </div> <div> <i>Signature of facility staff authorizing data collection and position of the person providing authorization</i> </div>		
ALL	112	Consent given by facility contact?	YES 1 NO 2	➔ END

Mod/Ind	No.	Question	Result	Skip
		1.1.4. FACILITY CHARACTERISTICS		
ALL / AAB, AAC	113	Type of facility [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	NATIONAL REFERRAL HOSPITAL..... 1 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL..... 2 DISTRICT HOSPITAL..... 3 OTHER GENERAL HOSPITAL..... 4 SPECIALTY HOSPITAL..... 5 COMPREHENSIVE HEALTH CENTRE/ POLY CLINIC..... 6 HEALTH CENTRE..... 7 CLINIC/DISPENSARY..... 8 HEALTH POST..... 9 MATERNAL/CHILD HEALTH CLINIC..... 10 OTHER..... 96 (SPECIFY)	
ALL	114	Which of the responses best describes the managing authority for this facility? That is, the authority that makes policy decisions and provides supervision for the facility. [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	GOVERNMENT/PUBLIC: MINISTRY OF HEALTH..... 1 LOCAL GOVERNMENT..... 2 GOVERNMENT (INSTITUTIONAL): MILITARY/POLICE/NATIONAL GUARD..... 3 UNIVERSITY..... 4 NGO/NOT-FOR-PROFIT..... 5 MISSION/FAITH-BASED..... 6 PRIVATE-FOR-PROFIT..... 7 OTHER..... 96 (SPECIFY)	
ALL	115	Are the managing authority and the ownership of the facility the same?	YES..... 1 NO..... 2	→Q117

Mod/Ind	No.	Question	Result	Skip
ALL	116	Which of the responses best describes the ownership for this facility?	<p><i>GOVERNMENT/PUBLIC:</i></p> <p>MINISTRY OF HEALTH 1</p> <p>LOCAL GOVERNMENT 2</p> <p><i>GOVERNMENT (INSTITUTIONAL):</i></p> <p>MILITARY/POLICE/NATIONAL GUARD 3</p> <p>UNIVERSITY 4</p> <p>NGO/NOT-FOR-PROFIT 5</p> <p>MISSION/FAITH-BASED 6</p> <p>PRIVATE-FOR-PROFIT 7</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
ALL	117	RECORD FACILITY LOCATION: URBAN OR RURAL OR PERIURBAN (FROM SURVEY LIST)	<p>URBAN 1</p> <p>RURAL 2</p> <p>PERIURBAN 3</p>	
ALL / AAI, AAJ, AAK, AAM, AAZ, ABA, ABB, ABC, ABD, ABE, ABF, ABG, ABH, ABI, ABJ, ABK, AJK, AJL, AND, ANE, ANF, ANG, ANH, ANI, ANJ, ANK, ANL, CXV, CXW, CXX, CXY, CZH, CZI, CZJ, CZM, CZK, CZL, CZN, CZO, CZP, CZQ, CZR, CZS, CZT, CZX, CZY, CZZ, DAA, DAI, DAJ, DAK, DAL	118	Service levels available	<p>OUTPATIENT ONLY 1</p> <p>INPATIENT ONLY 2</p> <p>BOTH OUT AND INPATIENT 3</p>	

Mod/Ind	No.	Question	Result	Skip
		1. ANTENATAL CARE		
		1.1. ANTENATAL CARE (ANC) RECORD REVIEW		
		Now I would like to ask you questions related to antenatal care.		
Q_A / DAM, DAN, BBM, DAR, DAO, DAS, DAT, CIH, DAP, CIA, CIC, CIB, CID, DAX, DAY, DAZ, DBA, DBC, DBB	13000	Are antenatal care services offered in this facility?	YES..... 1 NO..... 2	→13100

Mod/Ind	No.	Question	Result	Skip
Q_A	13001	<p>ELIGIBILITY CRITERIA: CLIENT ATTENDED ANC AND WAS AT LEAST 32 OR MORE WEEKS PREGNANT DURING MOST RECENT VISIT OR COUNTRY SPECIFIC ELIGIBILITY CRITERIA NOT BASED ON GESTATIONAL AGE [COUNTRY ADAPT ELIGIBILITY CRITERIA]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE MOST RECENT COMPLETE MONTH WHERE CLIENTS CAN BE IDENTIFIED. COUNTING BACKWARDS FROM THE END OF THE MOST RECENT COMPLETE MONTH, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS IN EACH PRECEDING MONTH TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A “RECORD” REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p>		
Q_A	01	NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED	__ NUMBER OF MONTHS	
Q_A	02	NUMBER OF ELIGIBLE CLIENTS IDENTIFIED	__ __ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00	→13100
Q_A	03	NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS	__ NUMBER REPLACED NONE 0	
		NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW		

Mod/Ind	No.	Question	Result	Skip
Q_A	04	<p>SOURCE DATA FOR <u>SAMPLE SELECTION</u></p> <p>IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY</p> <p>NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED ANTENATAL CARE SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.</p>	ANTENATAL CARE REGISTER..... A INDIVIDUAL CLIENT ANC/MNCH/PMTCT CARDS/CHARTS/RECORDS B PMTCT REGISTERC OUTPATIENT DEPARTMENT (OPD) REGISTER D LABORATORY REGISTERE PHARMACY REGISTER.....F LABOUR AND DELIVERY REGISTER G ITN REGISTER H OTHER X (SPECIFY)	
Q_A	13002	TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK)	____ ____ HOUR MINUTES	
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS)				
Q_A	13003	QUESTIONS	CLIENT 1 CLIENT 2 CLIENT 3 CLIENT 4 CLIENT 5	
Q_A / DAM	01	What was the recorded gestational age (in weeks) at the first ANC visit?	____ WEEKS..... →13004 NOT RECORDED..... 98	
Q_A	02	What was the recorded date of last menstrual period (LMP) at the first ANC visit?	DAY..... — — MONTH..... — — YEAR..... — — — — NOT RECORDED98 →13004	
Q_A	03	What was the recorded date at the first ANC visit?	DAY..... — — MONTH..... — — YEAR..... — — — — NOT RECORDED98 →13004	
Q_A	13004	PLEASE ANSWER THE FOLLOWING QUESTIONS FOR THE <u>MOST RECENT ANC VISIT</u>		
Q_A	01	What was the recorded gestational age (in weeks) at the most recent ANC visit?	____ WEEKS →04 NOT RECORDED..... 98	

Mod/Ind	No.	Question	Result					Skip
Q_A	02	What was the recorded date of last menstrual period (LMP) at the first ANC visit?	DAY..... — — MONTH — — YEAR — — — — NOT RECORDED. 98→04	DAY..... — — MONTH..... — — YEAR — — — — NOT RECORDED. 98→04	DAY — — MONTH — — YEAR..... — — — — NOT RECORDED 98→04	DAY..... — — MONTH — — YEAR — — — — NOT RECORDED 98→04	DAY..... — — MONTH..... — — YEAR — — — — NOT RECORDED. 98→04	
Q_A	03	What was the recorded date at the most recent ANC visit?	DAY..... — — MONTH — — YEAR — — — —	DAY..... — — MONTH..... — — YEAR — — — —	DAY — — MONTH — — YEAR..... — — — —	DAY..... — — MONTH — — YEAR — — — —	DAY..... — — MONTH..... — — YEAR — — — —	
Q_A	04	What was the age (in years) of the client at the most recent visit?	___ YEARS..... →07 NOT RECORDED.....98	___ YEARS..... →07 NOT RECORDED..... 98	___ YEARS→07 NOT RECORDED 98	___ YEARS →07 NOT RECORDED98	___ YEARS..... →07 NOT RECORDED..... 98	
Q_A	05	What was the recorded client date of birth?	DAY..... — — MONTH — — YEAR — — — — NOT RECORDED..... 98→07	DAY..... — — MONTH..... — — YEAR — — — — NOT RECORDED..... 98→07	DAY — — MONTH — — YEAR..... — — — — NOT RECORDED98→07	DAY..... — — MONTH — — YEAR — — — — NOT RECORDED 98→07	DAY..... — — MONTH..... — — YEAR — — — — NOT RECORDED..... 98→07	
Q_A	06	What was the recorded date at the most recent ANC visit?	DAY..... — — MONTH — — YEAR — — — —	DAY..... — — MONTH..... — — YEAR — — — —	DAY — — MONTH — — YEAR..... — — — —	DAY..... — — MONTH — — YEAR..... — — — —	DAY..... — — MONTH..... — — YEAR — — — —	
Q_A / DAN, BBM	07	Which ANC visit (number) does the most recent visit represent?	___ VISITS NOT RECORDED..... 98	___ VISITS NOT RECORDED..... 98	___ VISITS NOT RECORDED98	___ VISITS NOT RECORDED 98	___ VISITS NOT RECORDED..... 98	
Q_A / DAR	08	Is the client's blood pressure documented for the most recent visit?	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DAO	09	Is any hemoglobin or hematocrit result documented for the most recent visit?	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DAS	10	Is it documented that the client was provided or prescribed iron and folic acid during the most recent visit?	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2	

Mod/Ind	No.	Question	Result					Skip
Q_A / DAT	11	Is there documentation that the client received counseling on pregnancy danger signs at the most recent visit?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13005	DOCUMENTATION OF ROUTINE ANC SCREENING AND INTERVENTIONS						
Q_A / DAP	01	Is a syphilis blood test result documented at any ANC visit?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / CIB	02	Is there documentation that the client received any medicine for the treatment of intestinal worms (e.g., albendazole, mebendazole)?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / CID	03	Is there documentation that the client was offered oral pre-exposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF)?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / CIH	04	Is there documentation that the baby's heartbeat was listened to at least once during ANC?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	05	Is any hemoglobin or hematocrit result documented for any ANC visit during this pregnancy?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	INTERMITTENT PREVENTIVE TREATMENT (IPT) SERVICES (FOR MALARIA)							
Q_A	13006	Are IPT services for malaria offered for ANC clients?	YES 1 NO 2					→13008
Q_A	13007	IPT SERVICES FOR MALARIA DOCUMENTED AT ANY VISIT						

Mod/Ind	No.	Question	Result					Skip
Q_A / CIC, DAX, DAY	01	Is there documentation at any visit that the client was provided or prescribed 3 or more doses of IPT?	YES..... 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3	YES..... 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3	YES 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3	YES 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3	YES..... 1→04 NO, BUT DOCUMENTED THAT CLIENT NOT ELIGIBLE BECAUSE ON COTRIM 2→07 NO 3	
Q_A / DAZ	02	Is there documentation at any visit that the client received 2 doses of IPT?	YES..... 1→04 NO 2	YES..... 1→04 NO 2	YES 1→04 NO 2	YES 1→04 NO 2	YES..... 1→04 NO 2	
Q_A / DBA	03	Is there documentation at any visit that the client received 1 dose of IPT?	YES..... 1 NO 2→07	YES..... 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	YES..... 1 NO 2→07	
Q_A / DAX, DBC	04	What was the documented gestational age (in weeks) at 1 st IPT dose?	___ WEEKS →07 NOT RECORDED.....98	___ WEEKS..... →07 NOT RECORDED 98	___ WEEKS →07 NOT RECORDED 98	___ WEEKS →07 NOT RECORDED 98	___ WEEKS..... →07 NOT RECORDED 98	
Q_A	05	What was the recorded date of last menstrual period (LMP) at the first ANC visit?	DAY — — MONTH — — YEAR — — — — NOT RECORDED..... 98→07	DAY — — MONTH — — YEAR — — — — NOT RECORDED.98→07	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→07	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→07	DAY — — MONTH — — YEAR — — — — NOT RECORDED.98→07	
Q_A	06	What was the recorded date when the 1 st IPT dose was delivered?	DAY — — MONTH — — YEAR — — — — NOT RECORDED..... 98	DAY — — MONTH — — YEAR — — — — NOT RECORDED98	DAY — — MONTH — — YEAR — — — — NOT RECORDED98	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98	
Q_A / DBB	07	Is there documentation at any visit that the client received an insecticide treated net (ITN) or voucher for ITN?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	HIV SERVICES							
Q_A	13008	Are PMTCT services offered for ANC clients?	YES 1 NO 2					→13010
Q_A	13009	Are any of the below recorded for any visit?						

Mod/Ind	No.	Question	Result					Skip
Q_A	01	Was the client on life-long ART prior to attending ANC?	YES..... 1→11 NO 2 NOT DOCUMENTED... 98	YES1→11 NO 2 NOT DOCUMENTED... 98	YES 1→11 NO2 NOT DOCUMENTED ...98	YES 1→11 NO 2 NOT DOCUMENTED .. 98	YES..... 1→11 NO 2 NOT DOCUMENTED... 98	
Q_A / CIA	02	Is there documentation at any visit that the client was offered and received an HIV test or was referred for an HIV test during ANC?	YES..... 1 NO 2→12	YES 1 NO2→12	YES1 NO 2→12	YES 1 NO 2→12	YES..... 1 NO 2→12	
Q_A	03	Is there documentation at any visit that the client received the results of her first HIV test?	YES..... 1 NO 2	YES 1 NO 2	YES1 NO2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	04	What is the result documented for the client's first HIV test during ANC?	POSITIVE 1→08 NEGATIVE 2 NOT DOCUMENTED 98→12	POSITIVE1→08 NEGATIVE 2 NOT DOCUMENTED98→12	POSITIVE 1→08 NEGATIVE2 NOT DOCUMENTED 98→12	POSITIVE 1→08 NEGATIVE 2 NOT DOCUMENTED 98→12	POSITIVE 1→08 NEGATIVE 2 NOT DOCUMENTED 98→12	
Q_A	05	Is there documentation that the client had another ANC visit 12 or more weeks after the HIV negative result?	YES..... 1 NO 2	YES 1 NO 2	YES1 NO2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	06	Is there documentation that the client received a 2 nd HIV test in the third trimester?	YES..... 1 NO 2→12	YES 1 NO2→12	YES1 NO 2→12	YES 1 NO 2→12	YES..... 1 NO 2→12	
Q_A	07	What was the result of the 2 nd HIV test?	POSITIVE 1 NEGATIVE 2→12 NOT DOCUMENTED 98→12	POSITIVE1 NEGATIVE2→12 NOT DOCUMENTED98→12	POSITIVE1 NEGATIVE 2→12 NOT DOCUMENTED 98→12	POSITIVE 1 NEGATIVE 2→12 NOT DOCUMENTED 98→12	POSITIVE 1 NEGATIVE 2→12 NOT DOCUMENTED 98→12	
Q_A	08	Is there documentation that the client began life-long ART during ANC?	YES..... 1→11 NO 2	YES1→11 NO 2	YES 1→11 NO2	YES 1→11 NO 2	YES..... 1→11 NO 2	
Q_A	09	Is there documentation that the client was either referred for or provided with preventive ARV (and not life-long ART) during ANC?	YES..... 1 NO 2→11	YES 1 NO2→11	YES1 NO 2→11	YES 1 NO 2→11	YES..... 1 NO 2→11	

Mod/Ind	No.	Question	Result	Skip
		2. MALARIA		
		2.1. UNCOMPLICATED MALARIA RECORD REVIEW		
		Now I would like to ask you questions related to malaria services.		
Q_A	13100	Does this facility offer outpatient curative care services for malaria?	YES 1 NO 2	→13200
Q_A	13101	<p>ELIGIBILITY CRITERIA: CHILDREN <5 YEARS WITH A DIAGNOSIS OF MALARIA OR THAT HAVE RECEIVED OR BEEN PRESCRIBED ANTIMALARIALS: DIAGNOSIS MAY BE BASED ON A POSITIVE MALARIA TEST OR BASED ONLY ON CLINICAL SYMPTOMS AND SIGNS WITHOUT A POSITIVE MALARIA TEST. EXCLUDED: CLIENTS ADMITTED AS INPATIENTS OR REFERRED BASED ON THE OUTPATIENT MALARIA DIAGNOSIS.</p> <p>[COUNTRY ADAPT ELIGIBILITY CRITERIA. If there is a desire to conduct the malaria record review for additional age groups (i.e., 5-14 years, adults over 15 years), please duplicate the malaria record review and implement the malaria record review procedures separately for each age group of interest.]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE MOST RECENT COMPLETE MONTH WHERE CLIENTS CAN BE IDENTIFIED. COUNTING BACKWARDS FROM THE END OF THE MOST RECENT COMPLETE MONTH, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS IN EACH PRECEDING MONTH TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A “RECORD” REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p>		

Mod/Ind	No.	Question	Result	Skip			
Q_A	01	NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED	__ NUMBER OF MONTHS				
Q_A	02	NUMBER OF ELIGIBLE CLIENTS IDENTIFIED	__ __ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00	→13200			
Q_A	03	NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW	__ NUMBER REPLACED NONE 0				
Q_A	04	SOURCE DATA FOR <u>SAMPLE SELECTION</u> IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY. NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED MALARIA SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.	OUTPATIENT DEPARTMENT (OPD) REGISTER A INDIVIDUAL CLIENT CHILD HEALTH CARDS/CHARTS/RECORDS..... B LABORATORY REGISTERC PHARMACY REGISTER D OTHER X (SPECIFY)				
Q_A	13102	TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK)	__ __ HOUR MINUTES				
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS)							
		QUESTIONS	CLIENT 1	CLIENT 2	CLIENT 3	CLIENT 4	CLIENT 5
Q_A	13103	SYMPTOMS AND CONDITIONS ASSESSED					
Q_A / CQD	01	Are any client-reported symptoms or conditions documented?	YES..... 1 NO 2→13104	YES..... 1 NO 2→13104	YES 1 NO..... 2→13104	YES 1 NO 2→13104	YES..... 1 NO 2→13104
Q_A / DEW	02	Is there documentation that the client had symptoms of fever?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO..... 2	YES 1 NO 2	YES..... 1 NO 2
Q_A / DEV	03	Is there documentation that the client had symptoms of anaemia (e.g., tiredness/ listlessness)?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO..... 2	YES 1 NO 2	YES..... 1 NO 2

Mod/Ind	No.	Question	Result					Skip
Q_A / DBX	04	Is there documentation that the client/caregiver was asked if the client had symptoms of convulsions or loss of consciousness?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13104	PHYSICAL EXAMINATION						
Q_A / CQF	01	Are any physical examination findings / signs documented? Note: This includes findings from physically assessing the client (e.g., measuring temperature, measuring weight, physically checking for dehydration, listening to heart or lungs, diagnostic test results, etc.). These are called signs and are different from symptoms, which are self-perceived by the client.	YES..... 1 NO 2→13105	YES 1 NO 2→13105	YES 1 NO 2→13105	YES 1 NO 2→13105	YES..... 1 NO 2→13105	
Q_A / DBL	02	What was the temperature of the client? (CELSIUS)	___ . __ CELSIUS NOT RECORDED 98	___ . __ CELSIUS NOT RECORDED 98	___ . __ CELSIUS NOT RECORDED 98	___ . __ CELSIUS NOT RECORDED 98	___ . __ CELSIUS NOT RECORDED 98	
Q_A / DAQ	03	Is there documentation that indicates that the client was assessed for anemia (e.g., hemoglobin or hematocrit test or palms checked for pallor)?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	04	Is there documentation that the client was anemic?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13105	MALARIA SCREENING AND TREATMENT						

Mod/Ind	No.	Question	Result					Skip
Q_A / DFI	01	Is there a diagnosis of malaria without documentation of a positive malaria blood test [e.g., rapid diagnostic test (RDT), or blood smear microscopy]?	YES..... 1→07 NO 2	YES..... 1→07 NO 2	YES 1→07 NO 2	YES 1→07 NO 2	YES..... 1→07 NO 2	
Q_A	02	Is there documentation that a malaria blood test was prescribed/ordered (e.g., RDT or blood smear microscopy)?	YES..... 1 NO 2→07	YES..... 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	YES..... 1 NO 2→07	
Q_A	03	Which malaria blood test was prescribed/ordered?	RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98	RDT 1 BLOOD SMEAR..... 2 OTHER/NOT SPECIFIED...98	RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98	RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98	RDT 1 BLOOD SMEAR..... 2 OTHER/NOT SPECIFIED...98	
Q_A / DFC, DFG, DFH, DFJ	04	Which malaria blood test was performed?	RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98	RDT 1 BLOOD SMEAR..... 2 OTHER/NOT SPECIFIED...98	RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98	RDT 1 BLOOD SMEAR 2 OTHER/NOT SPECIFIED...98	RDT 1 BLOOD SMEAR..... 2 OTHER/NOT SPECIFIED...98	
Q_A / DFC, DAW, DCE, DEK, DEL, DEJ, DCD	05	What was the malaria blood test result documented in the individual client record or OPD register?	POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED... 98	POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED... 98	POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED ...98	POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED .. 98	POSITIVE 1→07 NEGATIVE 2→07 NOT DOCUMENTED... 98	
Q_A / DFC, DAW, DCE, DEK, DEL, DEJ, DCD	06	What was the malaria blood test result documented in the laboratory register? GO TO THE LOCATION WHERE THE LAB REGISTER IS STORED TO COLLECT THIS INFORMATION.	POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED... 98	POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED... 98	POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED ...98	POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED .. 98	POSITIVE 1 NEGATIVE 2 NOT DOCUMENTED... 98	
Q_A / DAW	07	Is there documentation that any antimalarial medicine was prescribed? [COUNTRY ADAPT – ADD LIST OF ANTIMALARIALS]	YES..... 1 NO 2→13106	YES..... 1 NO 2→13106	YES 1 NO 2→13106	YES 1 NO 2→13106	YES..... 1 NO 2→13106	

Mod/Ind	No.	Question	Result					Skip
Q_A / DAW, DEJ	08	Is there documentation that an artemisinin-based combination therapy (ACT) was provided?	YES..... 1 NO 2→10	YES 1 NO 2→10	YES 1 NO 2→10	YES 1 NO 2→10	YES..... 1 NO 2→10	
Q_A / DAW, DCE, DEK, DEL	09	Does the documentation indicate that the ACT was prescribed at dosages as per national treatment guidelines? NOTE: CORRECT DOSAGE REQUIRES THE CORRECT MEDICINE AMOUNT PER DOSE, FREQUENCY OF DOSES, AND NUMBER OF TREATMENT DAYS [COUNTRY ADAPT – SPECIFY DOSAGE FOR 1 ST LINE TREATMENT BASED ON WEIGHT]	YES..... 1 NO 2 DOSE NOT DOCUMENTED..... 98	YES 1 NO 2 DOSE NOT DOCUMENTED 98	YES 1 NO 2 DOSE NOT DOCUMENTED 98	YES 1 NO 2 DOSE NOT DOCUMENTED 98	YES..... 1 NO 2 DOSE NOT DOCUMENTED..... 98	
Q_A / DCD	10	Is there documentation that antimalarial medicines other than ACTs were prescribed or provided?	YES..... 1 NO 2→13106	YES 1 NO 2→13106	YES 1 NO 2→13106	YES 1 NO 2→13106	YES..... 1 NO 2→13106	
Q_A	11	What other antimalarials were prescribed or provided?	_____	_____	_____	_____	_____	
Q_A	13106	CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT MALARIA INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.	OUTPATIENT DEPARTMENT (OPD) REGISTER A INDIVIDUAL CLIENT CHILD HEALTH CARDS/CHARTS/RECORDS..... B LABORATORY REGISTERC PHARMACY REGISTER D OTHER _____ X (SPECIFY)					
Q_A	13107	TIME RECORD REVIEW WAS COMPLETED:	<div style="text-align: right;"> ____ HOUR MINUTES </div>					

Mod/Ind	No.	Question	Result	Skip
Q_A	13108	ANY ISSUES OR EXPLANATIONS TO DOCUMENT	YES 1 <hr/> <div>(IF YES, SPECIFY)</div> NO 2	

Mod/Ind	No.	Question	Result	Skip
		3. HIV		
		3.1. PMTCT FOR HIV POSITIVE WOMEN RECORD REVIEW		
		Now I would like to ask you questions related to PMTCT for pregnant women.		
Q_A / DCY, DCV, DCW, DCZ, DDE, DDB, DDD, DCT, DCP, DDN, DDS, DCQ, DCX, DCU, DDJ, DDQ, DCS, DFE, DDC, DCN	13200	Does this facility offer PMTCT services with antenatal care (ANC) and provide PMTCT follow-up after delivery for HIV positive women?	YES 1 NO 2	→13300

Mod/Ind	No.	Question	Result	Skip
Q_A	13201	<p>ELIGIBILITY CRITERIA: HIV POSITIVE WOMEN WHO RECEIVED PMTCT DURING ANC, HAD A LIVEBIRTH, AND ARE ESTIMATED TO HAVE DELIVERED AT LEAST 8 WEEKS AGO. EXCLUDE HIV POSITIVE WOMEN WHO DID NOT COMPLETE THEIR ANC BEFORE GIVING BIRTH. [COUNTRY ADAPT ELIGIBILITY CRITERIA]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE MOST RECENT COMPLETE MONTH WHERE CLIENTS CAN BE IDENTIFIED. COUNTING BACKWARDS FROM THE END OF THE MOST RECENT COMPLETE MONTH, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS IN EACH PRECEDING MONTH TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A "RECORD" REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p>		
Q_A	01	NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED	__ NUMBER OF MONTHS	
Q_A	02	NUMBER OF ELIGIBLE CLIENTS IDENTIFIED	__ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00	→13300
Q_A	03	NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS	__ NUMBER REPLACED NONE 0	
NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW				

Mod/Ind	No.	Question	Result	Skip
Q_A	04	<p>SOURCE DATA FOR <u>SAMPLE SELECTION</u></p> <p>IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY.</p> <p>NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED PMTCT SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.</p>	ANTENATAL CARE REGISTER A PMTCT REGISTER B HIV TESTING REGISTERC ART REGISTER D PMTCT LABOR AND DELIVERY REGISTERE HIV EXPOSED INFANT REGISTERF MOTHER-BABY REGISTER G BABY (DRIED BLOOD SPOT) REGISTER H INDIVIDUAL CLIENT ANC/MNCH/PMTCT CARDS/CHARTS/RECORDSI LABORATORY REGISTER J PHARMACY REGISTERK OTHERX (SPECIFY)	
Q_A	13202	TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK)	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">HOUR</div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">MINUTES</div> </div>	
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS)				
		QUESTIONS	<div>CLIENT 1</div> <div>CLIENT 2</div> <div>CLIENT 3</div> <div>CLIENT 4</div> <div>CLIENT 5</div>	
Q_A	13203	AVAILABILITY OF INDIVIDUAL CLIENT RECORD AND CONFIMATORY HIV TEST DOCUMENTATION		
Q_A	01	Is there an individual client record available for the infant that is separate from the mother's record?	YES..... 1 NO 2	YES..... 1 NO 2
Q_A	02	Are mother and newborn identifiers the same or otherwise linked?	YES..... 1 NO 2	YES..... 1 NO 2
Q_A / DCV	03	Is a confirmatory HIV test for the mother documented prior to starting preventive ARV or life-long ART?	YES..... 1 NO 2	YES..... 1 NO 2
Q_A	13204	PMTCT DURING PREGNANCY		

Mod/Ind	No.	Question	Result					Skip
Q_A / DCW, DCT	01	Is there documentation that the woman was on life-long ART prior to attending ANC?	YES..... 1→07 NO 2	YES1→07 NO 2	YES 1→07 NO2	YES 1→07 NO 2	YES.....1→07 NO 2	
Q_A / DCW, DCP	02	Is there documentation that the woman began life-long ART during ANC?	YES..... 1→07 NO 2	YES1→07 NO 2	YES 1→07 NO2	YES 1→07 NO 2	YES.....1→07 NO 2	
Q_A	03	Is there documentation that the woman was referred for or provided with preventive ARV (and not life-long ART) during ANC?	YES..... 1 NO2→05	YES1 NO2→05	YES1 NO 2→05	YES 1 NO 2→05	YES..... 1 NO 2→05	
Q_A / DDN, DDS	04	What was the preventive ARV regimen provided?	3-DRUG REGIMEN 1 DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED... 98	3-DRUG REGIMEN1 DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED...98	3-DRUG REGIMEN1 DRUG REGIMEN OF LESS THAN 3 DRUGS2 NOT DOCUMENTED ...98	3-DRUG REGIMEN 1 DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED .. 98	3-DRUG REGIMEN 1 DRUG REGIMEN OF LESS THAN 3 DRUGS 2 NOT DOCUMENTED... 98	
Q_A / DCQ	05	Is there documentation that the woman was referred elsewhere for life-long ART or started on life-long ART after delivery?	YES..... 1 NO 2	YES1 NO 2	YES1 NO2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	06	Is it documented that the woman is currently on ART? IF YES, INDICATE THE DOCUMENTED REGIMEN	YES, LIFE-LONG REGIMEN1 YES, 3-DRUG PREVENTIVE ART 2 OTHER PREVENTIVE ART REGIMEN 3 NOT DOCUMENTED... 98	YES, LIFE-LONG REGIMEN1 YES, 3-DRUG PREVENTIVE ART 2 OTHER PREVENTIVE ART REGIMEN3 NOT DOCUMENTED...98	YES, LIFE-LONG REGIMEN1 YES, 3-DRUG PREVENTIVE ART2 OTHER PREVENTIVE ART REGIMEN3 NOT DOCUMENTED ...98	YES, LIFE-LONG REGIMEN1 YES, 3-DRUG PREVENTIVE ART 2 OTHER PREVENTIVE ART REGIMEN 3 NOT DOCUMENTED .. 98	YES, LIFE-LONG REGIMEN1 YES, 3-DRUG PREVENTIVE ART 2 OTHER PREVENTIVE ART REGIMEN 3 NOT DOCUMENTED... 98	
Q_A	07	Is there documentation that the woman received cotrimoxazole preventive therapy (CPT)?	YES..... 1 NO 2	YES1 NO 2	YES1 NO2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DCY	08	Is there documentation of the partner's HIV status?	YES..... 1→13205 NO 2	YES1→13205 NO 2	YES 1→13205 NO2	YES 1→13205 NO 2	YES..... 1→13205 NO 2	

Mod/Ind	No.	Question	Result					Skip
Q_A / DCY	09	Is there documentation that the partner was offered an HIV test?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13205	PMTCT DURING DELIVERY						
Q_A	01	Did the woman deliver in this facility?	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	
Q_A / DCX	02	Is there documentation that the woman either received ARV during delivery or was on life-long ART at the time of delivery?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DCZ	03	Is there documentation that the newborn received the ARV prophylaxis dose within 3 days after birth?	YES..... 1→13206 NO 2	YES 1→13206 NO 2	YES 1→13206 NO 2	YES 1→13206 NO 2	YES..... 1→13206 NO 2	
Q_A	04	Is there documentation that the newborn received an ARV prophylaxis dose at any time after birth?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13206	POSTPARTUM PMTCT						
Q_A / DDE	01	Is there documentation that the infant's HIV test (NAT or PCR) was performed within 8 weeks from birth?	YES..... 1→03 NO 2	YES 1→03 NO 2	YES 1→03 NO 2	YES 1→03 NO 2	YES..... 1→03 NO 2	
Q_A	02	Is there documentation that the infant's blood specimen was taken for HIV testing at any time?	YES..... 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	YES..... 1 NO 2→07	
Q_A / DDB	03	Is there documentation that the caregiver received the infant's HIV test results?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	

Mod/Ind	No.	Question	Result					Skip
Q_A / DDE, DDC, DCN	04	What was the infant's HIV test result?	POSITIVE 1 NEGATIVE 2→07 NOT DOCUMENTED 98→07	POSITIVE 1 NEGATIVE 2→07 NOT DOCUMENTED 98→07	POSITIVE 1 NEGATIVE 2→07 NOT DOCUMENTED 98→07	POSITIVE 1 NEGATIVE 2→07 NOT DOCUMENTED 98→07	POSITIVE 1 NEGATIVE 2→07 NOT DOCUMENTED 98→07	
Q_A / DDC	05	Is there documentation that the infant was started on ART?	YES 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	
Q_A / DCN	06	Is there documentation that the infant started a Protease inhibitor (Lopinavir) based regimen?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
Q_A / DDD	07	Is there documentation that the infant began cotrimoxazole preventive therapy (CPT) within 8 weeks of birth?	YES 1→09 NO 2	YES 1→09 NO 2	YES 1→09 NO 2	YES 1→09 NO 2	YES 1→09 NO 2	
Q_A	08	Is there documentation that the infant began cotrimoxazole preventive therapy (CPT) at any time after birth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
Q_A / DCS	09	Is there documentation of the infant feeding practice for the most recent visit?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
Q_A / DFE	10	Is there documentation on infant and young child feeding (IYCF) counseling at the most recent visit?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
Q_A	11	How many weeks old was the infant at the most recent visit?	___ WEEKS →14 NOT RECORDED 98	___ WEEKS →14 NOT RECORDED 98	___ WEEKS →14 NOT RECORDED 98	___ WEEKS →14 NOT RECORDED 98	___ WEEKS →14 NOT RECORDED 98	
Q_A	12	What was the recorded date of birth for the infant?	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→14	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→14	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→14	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→14	DAY — — MONTH — — YEAR — — — — NOT RECORDED 98→14	

Mod/Ind	No.	Question	Result					Skip
Q_A	13	What was the recorded date at the most recent visit?	DAY..... — — MONTH — — YEAR — — — NOT RECORDED..... 98	DAY..... — — MONTH..... — — YEAR — — — NOT RECORDED..... 98	DAY — — MONTH — — YEAR..... — — — NOT RECORDED98	DAY..... — — MONTH — — YEAR — — — NOT RECORDED98	DAY..... — — MONTH..... — — YEAR — — — NOT RECORDED..... 98	
Q_A / DCU	14	Is there documentation of the woman's viral load?	YES..... 1 NO 2→13207	YES..... 1 NO 2→13207	YES 1 NO 2→13207	YES 1 NO 2→13207	YES..... 1 NO 2→13207	
Q_A / DDJ	15	Was the woman's most recent viral load < 1000?	YES..... 1→13207 NO 2	YES..... 1→13207 NO 2	YES 1→13207 NO 2	YES 1→13207 NO 2	YES..... 1→13207 NO 2	
Q_A / DDQ	16	Is there documentation of action taken about the elevated viral load?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13207	CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT PMTCT INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.	ANTENATAL CARE REGISTER A PMTCT REGISTER B HIV TESTING REGISTERC ART REGISTER D PMTCT LABOR AND DELIVERY REGISTERE HIV EXPOSED INFANT REGISTERF MOTHER-BABY REGISTER G BABY (DRIED BLOOD SPOT) REGISTER H INDIVIDUAL CLIENT ANC/MNCH/PMTCT CARDS/CHARTS/RECORDSI LABORATORY REGISTER J PHARMACY REGISTERK OTHERX (SPECIFY)					
Q_A	13208	TIME RECORD REVIEW WAS COMPLETED:	<div style="text-align: center;"> — — — — HOUR MINUTES </div>					
Q_A	13209	ANY ISSUES OR EXPLANATIONS TO DOCUMENT	YES 1 <hr/> (IF YES, SPECIFY) NO..... 2					

Mod/Ind	No.	Question	Result	Skip
		3.2. HIV TESTING SERVICES (HTS) RECORD REVIEW		
		Now I would like to ask you questions related to HIV testing services.		
Q_A / BBK, DBV, DBW, DBY, DCI, DCJ, DCK	13300	Does this facility offer client initiated HIV testing services?	YES..... 1 NO..... 2	→13400
Q_A	13301	SAMPLE SELECTION:		
Q_A		<p>ELIGIBILITY CRITERIA: CLIENT INITIATED HIV TEST PERFORMED AND TEST RESULT DOCUMENTED [COUNTRY ADAPT ELIGIBILITY CRITERIA]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE MOST RECENT COMPLETE MONTH WHERE CLIENTS CAN BE IDENTIFIED. COUNTING BACKWARDS FROM THE END OF THE MOST RECENT COMPLETE MONTH, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS IN EACH PRECEDING MONTH TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A "RECORD" REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p>		
Q_A	01	NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED	__ NUMBER OF MONTHS	

Mod/Ind	No.	Question	Result	Skip			
Q_A	02	NUMBER OF ELIGIBLE CLIENTS IDENTIFIED	___ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00	➔13400			
Q_A	03	NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW	___ NUMBER REPLACED NONE 0				
Q_A	04	SOURCE DATA FOR <u>SAMPLE SELECTION</u> IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY. NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED HIV TESTING SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.	HIV TESTING REGISTER A ART REGISTER B INDIVIDUAL CLIENT CARDS/CHARTS/RECORDS C LABORATORY REGISTER D PHARMACY REGISTER E OTHER X (SPECIFY)				
Q_A	13302	TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK)	____ HOUR MINUTES				
Q_A	13303	PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS)					
		QUESTIONS	CLIENT 1	CLIENT 2	CLIENT 3	CLIENT 4	CLIENT 5
Q_A / DBW	01	Is there documentation that the client received post-test counseling? NOTE: EVIDENCE OF POST-TEST COUNSELING INCLUDES DOCUMENTATION OF REFERRAL FOR ART OR CARE AND SUPPORT SERVICES	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2
Q_A / DBV	02	Is there documentation that the client received the HIV test results?	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2
Q_A / DBY	03	Is there documentation that the client received condoms?	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2

Mod/Ind	No.	Question	Result					Skip
Q_A / BBK, DCI	04	What was the recorded HIV test result?	POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98	POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98	POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98	POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98	POSITIVE 1 NEGATIVE 2 → 13304 NOT DOCUMENTED ...98	
Q_A / DCI, DCJ, DCK	05	Is there documentation that the client was referred to/ admitted to ART or care and support services?	YES 1 NO 2 → 13304	YES 1 NO 2 → 13304	YES 1 NO 2 → 13304	YES 1 NO 2 → 13304	YES 1 NO 2 → 13304	
Q_A / DCI, DCK	06	Is there documentation that the client was enrolled in ART or care and support services?	YES 1 → 13304 NO 2	YES 1 → 13304 NO 2	YES 1 → 13304 NO 2	YES 1 → 13304 NO 2	YES 1 → 13304 NO 2	
Q_A / DCI, DCK	07	Is there documentation that the client refused enrollment into ART or HIV care and support?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
Q_A	13304	CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT HTS INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.	HIV TESTING REGISTER A ART REGISTER B INDIVIDUAL CLIENT CARDS/CHARTS/RECORDS C LABORATORY REGISTER D PHARMACY REGISTER E OTHER X (SPECIFY)					
Q_A	13305	TIME RECORD REVIEW WAS COMPLETED:	<div style="text-align: center;"> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> </div> <div style="text-align: center; margin-top: 5px;"> HOUR MINUTES </div>					
Q_A	13306	ANY ISSUES OR EXPLANATIONS TO DOCUMENT	YES 1 <div style="border-top: 1px solid black; padding-top: 5px;"> (IF YES, SPECIFY) </div> NO 2					

Mod/Ind	No.	Question	Result	Skip
		3.3. ANTIRETROVIRAL THERAPY (ART) RECORD REVIEW		
		Now I would like to ask you questions related to antiretroviral therapy.		
Q_A / DBE, DBF, DBI, DBR, DBG, DAU, DAV, DBK, DBM, DCG, DCH, DEZ, DBP, DBS, DBT, DBJ, DCL, DET, DHZ, DBU, DBD, DHY, DDT	13400	Does this facility offer ART life-long treatment services?	YES 1 NO 2	→13500

Mod/Ind	No.	Question	Result	Skip
Q_A	13401	<p>ELIGIBILITY CRITERIA: CURRENT ART CLIENT (=>15 YEARS OF AGE) ON NATIONAL FIRST LINE ART REGIMEN THAT HAS COMPLETED AT LEAST 6 MONTHS OF ART [COUNTRY ADAPT ELIGIBILITY CRITERIA. If there is a desire to conduct the ART record review for additional age groups (i.e., under 5 years, 5-14 years), please duplicate the ART record review and implement the ART record review procedures separately for each age group of interest.]</p> <p>SAMPLE SELECTION: THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS: THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE CURRENT MONTH IN THE PRECEEDING YEAR WHERE CLIENTS CAN BE IDENTIFIED. COUNTING FORWARDS FROM THE BEGINNING OF THE CURRENT MONTH IN THE PRECEEDING YEAR, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS: USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A "RECORD" REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED. [COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p>		
Q_A	01	NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED	__ NUMBER OF MONTHS	
Q_A	02	NUMBER OF ELIGIBLE CLIENTS IDENTIFIED	__ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00	→13500
Q_A	03	NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS	__ NUMBER REPLACED NONE 0	
NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW				

Mod/Ind	No.	Question	Result	Skip			
Q_A	04	<p>SOURCE DATA FOR <u>SAMPLE SELECTION</u></p> <p>IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY.</p> <p>NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED ART SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.</p>	<p>HIV TESTING REGISTER A</p> <p>ART REGISTER B</p> <p>ART ENROLLMENT REGISTERC</p> <p>ART INITIATION REGISTER D</p> <p>ART TREATMENT REGISTERE</p> <p>INDIVIDUAL ART CLIENT CARDS/CHARTS/RECORDS.....F</p> <p>OTHERX</p> <p>(SPECIFY)</p>				
Q_A	13402	TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK)	<p>____</p> <p>____</p> <p>HOUR MINUTES</p>				
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS)							
		QUESTIONS	CLIENT 1	CLIENT 2	CLIENT 3	CLIENT 4	CLIENT 5
Q_A	13403	How many full months has the client been enrolled in ART as of today?	____ MONTHS NOT DOCUMENTED... 98	____ MONTHS NOT DOCUMENTED... 98	____ MONTHS NOT DOCUMENTED ...98	____ MONTHS NOT DOCUMENTED .. 98	____ MONTHS NOT DOCUMENTED... 98
Q_A	13404	HIV CONFIRMATORY TEST AND INITIATION OF CD4 TESTING					
Q_A / DBE	01	Is there documentation that a confirmatory HIV test was conducted prior to the client starting on ART?	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2
Q_A / DBF	02	Was the client CD4 level documented prior to initiating ART?	YES..... 1→13405_02 NO 2	YES.....1→13405_02 NO 2	YES 1→13405_02 NO.....2	YES 1→13405_02 NO 2	YES.....1→13405_02 NO 2
Q_A / DCG	03	Is there a CD4 level documented within the 1 st month of ART?	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2
Q_A	13405	VIRAL LOAD					
Q_A	01	Is there documentation of the client's viral load?	YES..... 1 NO 2→13406	YES..... 1 NO 2→13406	YES1 NO..... 2→13406	YES 1 NO 2→13406	YES..... 1 NO 2→13406
Q_A / DBG	02	Is the client's viral load documented at 6 months on ART?	YES..... 1 NO 2	YES..... 1 NO 2	YES1 NO.....2	YES 1 NO 2	YES..... 1 NO 2

Mod/Ind	No.	Question	Result					Skip
Q_A / DCH	03	Is the client's viral load documented at 12 months on ART?	YES 1 NO 2 NOT ELIGIBLE..... 5	YES 1 NO 2 NOT ELIGIBLE..... 5	YES 1 NO 2 NOT ELIGIBLE 5	YES 1 NO 2 NOT ELIGIBLE 5	YES 1 NO 2 NOT ELIGIBLE..... 5	
Q_A / DEZ	04	Was viral load detectable at the most recent recorded viral load test?	YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406	YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406	YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406	YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406	YES 1 NO 2 → 13406 NOT DOCUMENTED 98 → 13406	
Q_A / DBP	05	Was the client's viral load documented at 1000 or higher?	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	
Q_A	13406	ADHERENCE						
Q_A / DAU	01	Is adherence status documented for the most recent visit?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DAV	02	Is there documentation of the client being tested for ARV drug resistance?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13407	ART REGIMEN AND COTRIMOXAZOLE PREVENTIVE THERAPY						
Q_A / DBI	01	Is the documented client ART regimen in accordance with national guidelines?	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	
Q_A / DBR	02	Is the client eligible for cotrimoxazole preventive therapy (CPT) according to national standards? [COUNTRY ADAPT]	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	
Q_A / DBR	03	Is there documentation that the client is currently on cotrimoxazole preventive therapy (CPT)?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13408	CLIENT'S MOST RECENT CLINICAL VISIT (E.G., "LONG" VISIT—NOT SIMPLY TO PICK UP DRUGS)						

Mod/Ind	No.	Question	Result					Skip
Q_A / DBK, DBS	01	Is there documentation that the client was assessed for cough at the most recent visit?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DBK, DBT	02	Is there a measured temperature or a comment on history of fever status documented at the most recent visit?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DBK, DBJ	03	Is there a measured weight or a comment on status of weight loss documented for the client at the most recent visit?	YES..... 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	YES 1 NO 2→07	YES..... 1 NO 2→07	
Q_A / DHY, DDT	04	Is there a growth chart for children under five years of age?	YES..... 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07	YES 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07	YES 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07	YES 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07	YES..... 1 NO 2→07 CLIENT NOT UNDER FIVE YEARS OF AGE 5→07	
Q_A / DHY	05	Is the growth chart sex-specific?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DDT	06	Is the growth chart completed for the most recent documented weight?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DBK, DCL	07	Is there documentation that history of exposure to a person with TB was assessed at the most recent visit?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DBM, DET, DHZ	08	What was the client's TB status at the most recent time this was documented?	ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98	ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98	ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98	ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98	ACTIVE TB 1 LATENT TB 2→11 NO TB INFECTION... 3→11 NOT DOCUMENTED... 98	
Q_A / DET, DHZ	09	Is there documentation that the client is currently enrolled in TB treatment?	YES..... 1→13409 NO 2	YES 1→13409 NO 2	YES 1→13409 NO 2	YES 1→13409 NO 2	YES..... 1→13409 NO 2	

Mod/Ind	No.	Question	Result					Skip					
Q_A / DBU	10	Is there documentation that the client was diagnosed with TB and completed TB treatment while on ART?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2						
Q_A / DBD	11	Is the client eligible for isoniazid (INH) preventive treatment according to national guidelines? [COUNTRY ADAPT]	YES..... 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98	YES 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98	YES 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98	YES 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98	YES..... 1 NO 2 → 13409 INH IPT NOT COUNTRY POLICY 5 → 13409 NOT DOCUMENTED... 98						
Q_A / DBD	12	Is there documentation that the client is receiving INH preventive treatment?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2						
Q_A	13409	CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT ART INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.	HIV TESTING REGISTER A ART REGISTER B ART ENROLLMENT REGISTER C ART INITIATION REGISTER D ART TREATMENT REGISTER E INDIVIDUAL ART CLIENT CARDS/CHARTS/RECORDS..... F OTHER X (SPECIFY)										
Q_A	13410	TIME RECORD REVIEW WAS COMPLETED:	<div style="text-align: center;"> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black;"></div> </div> <div style="text-align: center; margin-top: -10px;"> HOUR MINUTES </div>										
Q_A	13411	ANY ISSUES OR EXPLANATIONS TO DOCUMENT	YES 1 <hr style="border: 1px solid black; margin: 5px 0;"/> (IF YES, SPECIFY) NO 2										
		4. TUBERCULOSIS											
		4.1. TUBERCULOSIS RECORD REVIEW											
		Now I would like to ask you questions related to tuberculosis.											

Mod/Ind	No.	Question	Result		Skip
Q_A / DFO, DFP, DFQ, DFR, DFS, DFT, DFU, DFV, DFW, DFX, DFZ, AVN, DGE, DGF, DGG, DGH, DFY, AVP, DGC, DGI, DGJ, DGK	13500	Does this facility offer any tuberculosis client care services?	YES 1 NO 2		→END
Q_A	13501	Which of the following TB services are offered in this facility?	Yes	No	
Q_A	01	Case detection	1	2	
Q_A	02	Diagnosis	1	2	
Q_A	03	Prescribing treatment	1	2	
Q_A	04	Client clinical follow-up	1	2	
Q_A	05	Client follow-up for adherence	1	2	
Q_A	06	Client follow-up for periodic resupply of individual client medicines	1	2	

Mod/Ind	No.	Question	Result	Skip
Q_A	13502	<p>ELIGIBILITY CRITERIA:</p> <p>PULMONARY TB ADULT CLIENT (≥ 15 YEARS OF AGE) ON NATIONAL FIRST LINE TREATMENT AND COMPLETED 6 MONTHS OF TREATMENT. THIS MAY INCLUDE CLIENTS WHO HAVE COMPLETED THEIR FULL COURSE OF TREATMENT. EXCLUDE CLIENTS WHO DROPPED OUT PRIOR TO COMPLETING 6 MONTHS OF TREATMENT OR WHO WERE REFERRED ELSEWHERE FOR TREATMENT (E.G., DRUG RESISTANT CASES).</p> <p>[COUNTRY ADAPT ELIGIBILITY CRITERIA. If there is a desire to conduct the TB record review for additional age groups (i.e., under 5 years, 5-14 years), please duplicate the TB record review and implement the TB record review procedures separately for each age group of interest.]</p> <p>SAMPLE SELECTION:</p> <p>THE RECORD REVIEW REQUIRES TWO STEPS: (1) IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS, AND (2) OBTAINING AND ASSESSING THE ELIGIBLE RECORDS.</p> <p>1. IDENTIFYING A SAMPLE OF ELIGIBLE CLIENT RECORDS:</p> <p>THIS STEP REQUIRES ACCESS TO A LIST OF CLIENTS THAT HAVE USED THE FACILITY FOR THE CONDITION ASSESSED IN THE RECORD REVIEW. THE LIST MAY BE FOUND IN A REGISTER, APPOINTMENT BOOK, APPOINTMENT CARD BOX, DATABASE OR OTHER LIST. THIS LIST WILL BE THE SOURCE DOCUMENT FOR THE SAMPLE.</p> <p>ASK TO BE GIVEN THE SOURCE DOCUMENT/REGISTER AND IDENTIFY THE CURRENT MONTH IN THE PRECEDING YEAR WHERE CLIENTS CAN BE IDENTIFIED. COUNTING FORWARDS FROM THE BEGINNING OF THE CURRENT MONTH IN THE PRECEDING YEAR, IDENTIFY 10 CLIENTS WHO MEET THE ELIGIBILITY CRITERIA FOR THIS RECORD REVIEW. CONTINUE COUNTING ALL ELIGIBLE CLIENTS TO A MAXIMUM OF 6 FULL MONTHS, IF NEEDED, TO IDENTIFY AT LEAST 10 CLIENTS MEETING THE ELIGIBILITY CRITERIA. DO NOT EXCEED SIX MONTHS EVEN IF 10 CLIENTS HAVE NOT BEEN IDENTIFIED.</p> <p>TOSS A COIN TO DETERMINE A STARTING POINT FOR SAMPLE SELECTION. ONE SIDE WILL MEAN YOU START WITH NUMBER 1 ON THE LIST AND THE OTHER SIDE YOU START WITH NUMBER 2. FROM THE LIST OF CLIENTS MEETING THE ELIGIBILITY CRITERIA, SELECT 5 CLIENTS USING THE RANDOMLY SELECTED STARTING POINT AND THEN SELECTING EVERY OTHER ELIGIBLE CLIENT FOR RECORD REVIEW.</p> <p>2. OBTAINING AND ASSESSING THE ELIGIBLE RECORDS:</p> <p>USING THE IDENTIFYING INFORMATION FOR EACH CLIENT IDENTIFIED FOR THE SAMPLE (REFER TO ANNEX 1), ASK TO SEE THE INDIVIDUAL RECORD FOR THESE CLIENTS. A "RECORD" REFERS TO A DOCUMENT THAT CONTAINS INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CARD/FILE/CHART, ETC., BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED TO THE INDIVIDUAL. IN SOME CASES, THE INFORMATION WILL BE AVAILABLE IN A REGISTER AND INDIVIDUAL CARDS/CHARTS WILL NOT NEED TO BE LOCATED.</p> <p>IF THE INDIVIDUAL CLIENT CARD/FILE/CHART FOR A SELECTED INDIVIDUAL CANNOT BE LOCATED, THE INDIVIDUAL MAY BE REPLACED WITH THE NEXT ELIGIBLE PERSON ON THE SAMPLE SELECTION LIST. RECORD THE REQUIRED INFORMATION FOR EACH SELECTED INDIVIDUAL IN THE CLIENT SAMPLING LIST. A TOTAL OF 5 CLIENT RECORDS SHOULD BE REVIEWED.</p> <p>[COUNTRY ADAPT STARTING MONTH AND DIRECTION OF COUNTING ACCORDING TO REGISTER FORMAT IN USE]</p>		
Q_A	01	NUMBER OF DIFFERENT MONTHS FROM WHICH THE SAMPLE WAS SELECTED	___ NUMBER OF MONTHS	
Q_A	02	NUMBER OF ELIGIBLE CLIENTS IDENTIFIED	___ NUMBER OF ELIGIBLE CLIENTS NO ELIGIBLE CLIENTS IDENTIFIED 00	→END

Mod/Ind	No.	Question	Result	Skip			
Q_A	03	NUMBER OF ORIGINALLY SELECTED SAMPLE CLIENTS REPLACED DUE TO MISSING INDIVIDUAL CLIENT RECORDS NOTE: RECORD AFTER COMPLETION OF RECORD REVIEW	__ NUMBER REPLACED NONE 0				
Q_A	04	SOURCE DATA FOR <u>SAMPLE SELECTION</u> IF MORE THAN ONE SOURCE IS USED TO IDENTIFY THE SAMPLE, CIRCLE ALL THAT APPLY. NOTE: SOURCE DOCUMENT REFERS TO REGISTERS AND RECORDS THAT CONTAIN INFORMATION ON CLIENTS WHO HAVE RECEIVED TUBERCULOSIS SERVICES AND CAN SERVE AS A SAMPLING LIST FOR THE RECORD REVIEW.	TB CASE REGISTER A INDIVIDUAL TB CLIENT CARDS/CHARTS/RECORDS B LABORATORY REGISTER C OTHER X (SPECIFY)				
Q_A	13503	TIME REVIEW OF SAMPLE OF INDIVIDUAL RECORDS STARTED (24 HOUR CLOCK)	__ __ HOUR MINUTES				
PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH CLIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR INDIVIDUAL CLIENT RECORDS)							
		QUESTIONS	CLIENT 1	CLIENT 2	CLIENT 3	CLIENT 4	CLIENT 5
Q_A	13504	Number of <u>completed</u> months on TB treatment	__ __ MONTHS NOT DOCUMENTED... 98	__ __ MONTHS NOT DOCUMENTED... 98	__ __ MONTHS NOT DOCUMENTED ... 98	__ __ MONTHS NOT DOCUMENTED .. 98	__ __ MONTHS NOT DOCUMENTED... 98
Q_A	13505	DIAGNOSIS					
Q_A / DFO, DGE	01	Was the client diagnosis based on 2 positive sputum specimens?	YES.....1→13506 NO 2 NOT DOCUMENTED... 98	YES.....1→13506 NO 2 NOT DOCUMENTED... 98	YES.....1→13506 NO.....2 NOT DOCUMENTED ... 98	YES.....1→13506 NO 2 NOT DOCUMENTED .. 98	YES.....1→13506 NO 2 NOT DOCUMENTED... 98
Q_A / DFO, DGF	02	Was the client diagnosis based on 1 positive sputum specimen?	YES.....1→13506 NO 2 NOT DOCUMENTED... 98	YES.....1→13506 NO 2 NOT DOCUMENTED... 98	YES.....1→13506 NO.....2 NOT DOCUMENTED ... 98	YES.....1→13506 NO 2 NOT DOCUMENTED .. 98	YES.....1→13506 NO 2 NOT DOCUMENTED... 98
Q_A / DFO, DGG	03	Was the client diagnosis based on Xpert MTB/RIF rapid diagnostic test?	YES.....1→13506 NO 2 NOT DOCUMENTED... 98	YES.....1→13506 NO 2 NOT DOCUMENTED... 98	YES.....1→13506 NO.....2 NOT DOCUMENTED ... 98	YES.....1→13506 NO 2 NOT DOCUMENTED .. 98	YES.....1→13506 NO 2 NOT DOCUMENTED... 98
Q_A / DGH	04	Was the client diagnosis based on clinical assessment only? [COUNTRY ADAPT]	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES.....1 NO.....2 NOT DOCUMENTED ... 98	YES..... 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98

Mod/Ind	No.	Question	Result					Skip
Q_A	13506	TREATMENT						
Q_A / DFQ	01	Number of days between diagnosis and start of treatment (The day of diagnosis is “day 0”)	____ DAYS SAME DAY 0 NOT DOCUMENTED... 98	____ DAYS SAME DAY 0 NOT DOCUMENTED... 98	____ DAYS SAME DAY 0 NOT DOCUMENTED ... 98	____ DAYS SAME DAY 0 NOT DOCUMENTED .. 98	____ DAYS SAME DAY 0 NOT DOCUMENTED... 98	
Q_A / DFP	02	Was the national 1st line TB treatment regimen prescribed? [COUNTRY ADAPT 1 ST LINE REGIMEN]	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	
Q_A / DFR	03	Was the most recent drug collection on time? (i.e., did the client pick-up the drugs on the appointed day?)	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	
Q_A / AVN	04	Was the client successfully treated (either documented as cured or completed treatment at the end of the treatment period)?	YES, CLIENT WAS CURED OR COMPLETED TREATMENT 1 NO, CLIENT FAILED TREATMENT OR DID NOT COMPLETE TREATMENT ... 2 CLIENT STILL ON TREATMENT 3 NOT DOCUMENTED 98	YES, CLIENT WAS CURED OR COMPLETED TREATMENT 1 NO, CLIENT FAILED TREATMENT OR DID NOT COMPLETE TREATMENT .. 2 CLIENT STILL ON TREATMENT 3 NOT DOCUMENTED ... 98	YES, CLIENT WAS CURED OR COMPLETED TREATMENT 1 NO, CLIENT FAILED TREATMENT OR DID NOT COMPLETE TREATMENT .. 2 CLIENT STILL ON TREATMENT 3 NOT DOCUMENTED ... 98	YES, CLIENT WAS CURED OR COMPLETED TREATMENT 1 NO, CLIENT FAILED TREATMENT OR DID NOT COMPLETE TREATMENT ... 2 CLIENT STILL ON TREATMENT 3 NOT DOCUMENTED .. 98	YES, CLIENT WAS CURED OR COMPLETED TREATMENT 1 NO, CLIENT FAILED TREATMENT OR DID NOT COMPLETE TREATMENT ... 2 CLIENT STILL ON TREATMENT 3 NOT DOCUMENTED... 98	
Q_A / DFS	05	Was a TB drug susceptibility test for rifampicin prescribed or conducted? [COUNTRY ADAPT TEST ACCEPTED FOR DRUG RESISTANCE]	YES..... 1 NO 2 → 13507 NOT DOCUMENTED 98 → 13507	YES..... 1 NO 2 → 13507 NOT DOCUMENTED 98 → 13507	YES 1 NO 2 → 13507 NOT DOCUMENTED 98 → 13507	YES 1 NO 2 → 13507 NOT DOCUMENTED 98 → 13507	YES..... 1 NO 2 → 13507 NOT DOCUMENTED 98 → 13507	
Q_A / DFS	06	Was the drug susceptibility test negative, that is, no drug resistance?	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES 1 NO 2 NOT DOCUMENTED . 98	YES..... 1 NO 2 NOT DOCUMENTED .. 98	
Q_A	13507	HIV TEST RESULTS AND SUBSEQUENT TREATMENT						

Mod/Ind	No.	Question	Result					Skip
Q_A / DFZ, DGI	01	Was an HIV test result documented for the client?	YES..... 1 NO 2→13508	YES..... 1 NO 2→13508	YES 1 NO 2→13508	YES 1 NO 2→13508	YES..... 1 NO 2→13508	
Q_A / DGI, DGJ	02	Was the client HIV positive?	YES..... 1 NO 2→13508 NOT DOCUMENTED 98→13508	YES..... 1 NO 2→13508 NOT DOCUMENTED 98→13508	YES 1 NO 2→13508 NOT DOCUMENTED 98→13508	YES 1 NO 2→13508 NOT DOCUMENTED 98→13508	YES..... 1 NO 2→13508 NOT DOCUMENTED 98→13508	
Q_A / DGJ	03	Was the client started on ART?	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ..98	YES 1 NO 2 NOT DOCUMENTED . 98	YES..... 1 NO 2 NOT DOCUMENTED .. 98	
Q_A	13508	TB TEST RESULTS AND TREATMENT						
Q_A / DFT	01	Was a sputum microscopy result documented at the 2nd month of treatment?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DFU	02	Was a sputum microscopy result documented at the 5th month of treatment?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DFV	03	Was a sputum microscopy result documented during the final month of treatment?	YES..... 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5	YES..... 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5	YES 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5	YES 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5	YES..... 1 NO 2 CLIENT NOT AT FINAL MONTH YET 5	
Q_A	13509	GROWTH AND DEVELOPMENT						
Q_A / DFW	01	Was a measured or clinically assessed weight change documented for every clinical visit?	YES..... 1 NO 2→13510	YES..... 1 NO 2→13510	YES 1 NO 2→13510	YES 1 NO 2→13510	YES..... 1 NO 2→13510	
Q_A / DGK	02	Is there a growth chart for children below 5?	YES..... 1 NO 2→13510 CLIENT NOT <5 YEARS 5→13510	YES..... 1 NO 2→13510 CLIENT NOT <5 YEARS 5→13510	YES 1 NO 2→13510 CLIENT NOT <5 YEARS 5→13510	YES 1 NO 2→13510 CLIENT NOT <5 YEARS 5→13510	YES..... 1 NO 2→13510 CLIENT NOT <5 YEARS 5→13510	
Q_A	03	Is the growth chart sex-specific?	YES..... 1 NO 2	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	

Mod/Ind	No.	Question	Result					Skip
Q_A / DGK	04	Is the growth chart completed for the most recent weight?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A	13510	TB SYMPTOMS AND SCREENING OF CONTACT PERSONS						
Q_A / DFX	01	Is a clinical assessment of changes in symptoms documented every clinical visit?	YES..... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO 2	
Q_A / DFY	02	Was a list of household contacts for the client documented?	YES..... 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511	YES 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511	YES 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511	YES 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511	YES..... 1 NO, CLIENT LIVES ALONE 2→13511 NO 3→13511	
Q_A / AVP	03	Were all household members of the client screened for TB?	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	
Q_A / DGC	04	Are there any children under five years of age documented on the contact list?	YES..... 1 NO 2→13511	YES 1 NO 2→13511	YES 1 NO 2→13511	YES 1 NO 2→13511	YES..... 1 NO 2→13511	
Q_A / DGC	05	Were all children under five years of age on the contact list screened for TB?	YES..... 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED... 98	YES 1 NO 2 NOT DOCUMENTED ... 98	YES 1 NO 2 NOT DOCUMENTED .. 98	YES..... 1 NO 2 NOT DOCUMENTED... 98	
Q_A	13511	CIRCLE THE LETTER FOR EACH TYPE OF RECORD THAT WAS USED TO COLLECT TB INFORMATION FOR THIS FACILITY. NOTE: RECORD REFERS TO DOCUMENTS THAT CONTAIN INFORMATION ON INDIVIDUAL CLIENT CARE. THIS INFORMATION MAY BE CONTAINED IN A REGISTER, INDIVIDUAL CLIENT CHART, ETC, BUT MUST BE RECORDED AT THE CLIENT LEVEL AND PROVIDE SPECIFICS ON THE CONTENT OF CARE DELIVERED.	TB CASE REGISTER A INDIVIDUAL TB CLIENT CARDS/CHARTS/RECORDS..... B LABORATORY REGISTERC CONTACT TRACING/PREVENTIVE THERAPY REGISTER..... D OTHERX (SPECIFY)					
Q_A	13512	TIME RECORD REVIEW WAS COMPLETED:	<div style="text-align: right;"> <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> </div> <div style="display: flex; justify-content: space-around; font-weight: bold;"> HOUR MINUTES </div>					

Mod/Ind	No.	Question	Result	Skip
Q_A	13513	ANY ISSUES OR EXPLANATIONS TO DOCUMENT	YES 1 <hr/> <div>(IF YES, SPECIFY)</div> NO 2	

PLEASE THANK THE RESPONDENT FOR COMPLETING THE QUESTIONNAIRE.

INTERVIEWER'S NOTES

SUPERVISOR'S NOTES

Annex: Client sampling list

- Identify the point in the register/database where eligible clients can be identified. This will depend on the selection criteria for the specific illness. You should identify twice the number of eligible clients as you will need for the agreed upon sample. This allows for replacement of clients if information is not available for any of the selected sample clients. For most services, where a summary register is used to identify the sample, the sample clients will be identified sequentially starting with the month of data agreed upon. Where a cohort register is used to identify the sample, clients will be organized by the date of first service and not date of most recent service. This will require identifying eligible clients by the date of first service and examining the register to see if their most recent visit is within the timeframe under review. Service specific selection methods are identified under the detailed instructions for each service. Identify eligible clients required for the sample (usually this will be 10 clients for a required sample of 5 clients).
- Complete the Client Sampling List. Reassure staff that no client names will leave the facility and that the list will be torn up once the record review is complete.
 - Col a: the sampling number will be sequential numbers (usually 1-10).
 - Col b: Mark the clients selected for the sample in this column, with an 'S'. If a client is replaced, record this in col g, and then select the next eligible client on the list, marking col b with a 'R'.
 - Col c: Record the reason a selected client was replaced in the sample or other information that may affect interpreting results.
 - Col d-g: Record the client identifying information. The unique client identifier, client name, and date of service provision for the sample selections allow tracking of the same client across different records. This should be destroyed at the end of the exercise.
 - Write the eligible client's identification number (col d), the date of service or date of registration in service register (col e), and the first and last name (col f and g).
- Do not go back further than 6 months from the starting date for eligibility. If there are not enough clients within six months where eligibility is possible, write a note and review the records that were identified.

Antenatal care

Sampling number	SAMPLE: S=Selected for sample R=Replacement sample	Reason for sample replacement	Client ID	Date of consultation or registration	First Name	Last Name
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Malaria						
Sampling number	SAMPLE: S=Selected for sample R=Replacement sample	Reason for sample replacement	Client ID	Date of consultation or registration	First Name	Last Name
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

PMTCT for HIV positive women

Sampling number	SAMPLE: S=Selected for sample R=Replacement sample	Reason for sample replacement	Client ID	Date of consultation or registration	First Name	Last Name
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

HIV testing services (HTS)						
Sampling number	SAMPLE: S=Selected for sample R=Replacement sample	Reason for sample replacement	Client ID	Date of consultation or registration	First Name	Last Name
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Antiretroviral therapy (ART)						
Sampling number	SAMPLE: S=Selected for sample R=Replacement sample	Reason for sample replacement	Client ID	Date of consultation or registration	First Name	Last Name
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Tuberculosis						
Sampling number	SAMPLE: S=Selected for sample R=Replacement sample	Reason for sample replacement	Client ID	Date of consultation or registration	First Name	Last Name
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						



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