

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY  
 OBSERVATION OF SICK CHILD CONSULTATION

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

**FACILITY IDENTIFICATION**

QTYPE ..... 

O	S	C
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FACILITY NUMBER ..... 

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM] ..... 

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CLIENT CODE [FROM CLIENT LISTING FORM] ..... 

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**PROVIDER INFORMATION**

- PROVIDER QUALIFICATION CATEGORY:
- PROVIDER TYPE 1 ..... 01
  - PROVIDER TYPE 2 ..... 02
  - PROVIDER TYPE 3 ..... 03
  - PROVIDER TYPE 4 ..... 04
  - PROVIDER TYPE 5 ..... 05
  - PROVIDER TYPE 6 ..... 06
  - PROVIDER TYPE 7 ..... 07
  - PROVIDER TYPE 8 ..... 08
  - PROVIDER TYPE 9 ..... 09
  - OTHER TYPE ..... 96

PROVIDER CATEGORY ..... 

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SEX OF PROVIDER: (1=MALE; 2=FEMALE)

SEX OF PROVIDER ..... 

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**INFORMATION ABOUT OBSERVATION**

DATE .....

DAY ..... 

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MONTH ..... 

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YEAR ..... 

2	0	2	
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INTERVIEWER'S NAME: \_\_\_\_\_

INTERVIEWER'S NUMBER ..... 

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LANGUAGE OF QUESTIONNAIRE\*\* 

0	1
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LANGUAGE OF INTERVIEW\*\* 

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NATIVE LANGUAGE OF RESPONDENT\*\* 

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TRANSLATOR USED 

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 (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE\*\* **ENGLISH**

- \*\*LANGUAGE CODES:
- 01 ENGLISH
  - 03 LANGUAGE 3
  - 05 LANGUAGE 5
  - 02 LANGUAGE 2
  - 04 LANGUAGE 4
  - 06 LANGUAGE 6

TEAM

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NUMBER

TEAM SUPERVISOR

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NAME

NUMBER

**OBSERVATION OF SICK CHILD CONSULTATION**

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO								
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p>											
<p><u>INTRODUCTION AND PROVIDER CONSENT</u></p> <p>READ THE FOLLOWING CONSENT STATEMENT TO THE PROVIDER</p> <p>Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].</p> <p>Your facility was selected to participate in this study. We will be observing your consultation with this client in order to understand how services for sick children are provided in this facility. At the end of the consultation, we will ask you questions about the types of services that you provided. The observation usually takes about 15-20 minutes.</p> <p>Information from this observation is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this observation may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.</p> <p>Neither your name nor the names of your clients participating in this study will be included in the dataset or in any report; however, there is a small chance that the facility can be identified. Still, we are asking for your help to ensure that the information we collect is accurate.</p> <p>Participation in the survey is voluntary. You may refuse to answer any question, or you can ask me to leave at any point, if you feel uncomfortable. There is no penalty for refusing to participate, however, we hope you won't mind our observing your consultation.</p> <p>In case you need more information about the survey, you may contact the person listed on the card that has already been given to your facility manager.</p> <p>Do you have any questions?</p> <p>Do I have your permission to be present at this consultation?</p> <p>SIGNATURE OF INTERVIEWER _____</p> <p align="right">DATE</p> <p>DAY ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>PROVIDER AGREES TO BE OBSERVED .. 1 ↓</p> <p>PROVIDER DOES NOT AGREE TO BE OBSERVED ..... 2 → END</p>								2	0	2	
2	0	2									

101	<p><u>CLIENT CONSENT</u></p> <p>READ THE FOLLOWING CONSENT STATEMENT TO THE CLIENT</p> <p>Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].</p> <p>This facility was selected to participate in the study. I would like to be present while you are receiving services today in order to understand how sick child services are provided in this facility. The observation usually takes about 15-20 minutes.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this observation is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this observation may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.</p> <p>Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me. There is no penalty for refusing to participate, however, we hope you won't mind our observing the consultation.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. In case you need more information about the survey, you may contact the in-charge manager of this health facility.</p> <p>Do you have any questions for me at this time?</p> <p>Do I have your permission to be present at this consultation?</p> <p>SIGNATURE OF INTERVIEWER _____</p> <p>CLIENT AGREES TO BE OBSERVED . . . 1 ↓</p> <p style="text-align: right;">CLIENT DOES NOT AGREE TO BE OBSERVED . . . 2 → END</p>				
102	<p>RECORD THE TIME THE OBSERVATION STARTED</p> <p>HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>				
103	<p>IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?</p> <p>YES ..... 1</p> <p>NO ..... 2</p>				
104	<p>RECORD SEX OF THE CHILD.</p> <p>CONFIRM SEX OF CHILD WITH THE PROVIDER</p> <p>MALE ..... 1</p> <p>FEMALE ..... 2</p>				

**5. PROVIDER INTERACTION WITH CARETAKER AND CHILD**

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
<p>FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION</p>			

**CLIENT HISTORY**

105	<p>RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING MAIN SYMPTOMS:</p>		
01	<p>FEVER ..... A</p>		
02	<p>COUGH OR DIFFICULT BREATHING (E.G., FAST BREATHING OR CHEST IN-DRAWING) ..... B</p>		
03	<p>DIARRHEA ..... C</p>		
04	<p>NONE OF THE ABOVE ..... Y</p>		
106	<p>RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS:</p>		
01	<p>CHILD IS UNABLE TO DRINK OR BREASTFEED ..... A</p>		
02	<p>CHILD VOMITS EVERYTHING ..... B</p>		
03	<p>CHILD HAS HAD CONVULSIONS WITH THIS ILLNESS ..... C</p>		
04	<p>CHILD HAS HAD LETHARGY. IF CHILD IS ASLEEP, TRIED TO ROUSE CHILD ..... D</p>		
05	<p>NONE OF THE ABOVE ..... Y</p>		

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
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**PHYSICAL EXAMS**

107	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD:		
01	TOOK CHILD'S TEMPERATURE BY THERMOMETER ..... A		
02	FELT THE CHILD FOR FEVER OR BODY HOTNESS ..... B		
03	COUNTED RESPIRATION (BREATHS) FOR 60 SECONDS ..... C		
04	AUSCULTATED CHILD (LISTEN TO CHEST WITH STETHOSCOPE) OR COUNTED PULSE ..... D		
05	CHECKED SPO2 USING PULSE OXIMETRY ..... E		
06	CHECKED SKIN TURGOR FOR DEHYDRATION (E.G., PINCH ABDOMINAL SKIN) ..... F		
07	CHECKED FOR PALLOR BY LOOKING AT PALMS ..... G		
08	CHECKED FOR PALLOR BY LOOKING AT CONJUNCTIVA ..... H		
09	CHECKED FOR PALLOR BY LOOKING AT NAILS ..... I		
10	UNDRESSED CHILD TO EXAMINE (UP TO SHOULDERS/DOWN TO ANKLES) ..... J		
11	PRESSED BOTH FEET TO CHECK FOR EDEMA ..... K		
12	WEIGHED THE CHILD ..... L		
13	MEASURED THE CHILD HEIGHT/LENGTH ..... M		
14	PLOTTED WEIGHT ON GROWTH CHART ..... N		
15	PLOTTED HEIGHT/LENGTH ON GROWTH CHART ..... O		
16	CHECKED FOR ENLARGED LYMPH NODES IN 2 OR MORE OF THE FOLLOWING SITES: NECK, AXILLAE, GROIN ..... P		
17	MEASURED MID-UPPER ARM CIRCUMFERENCE (OR MUAC) ..... Q		
18	NONE OF THE ABOVE ..... Y		

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
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**OTHER ASSESSMENTS**

108	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING:	
01	OFFERED THE CHILD SOMETHING TO DRINK OR ASKED THE MOTHER TO PUT THE CHILD TO THE BREAST . . . A	
02	MENTIONED THE CHILD'S WEIGHT OR GROWTH TO THE CARETAKER, OR DISCUSSED GROWTH CHAR . . . . . B	
03	ASKED IF CHILD RECEIVED VITAMIN A WITHIN THE PAST 6 MONTHS . . . . . C	
04	ASKED IF CHILD RECEIVED MEBENDAZOLE WITHIN THE PAST 6 MONTHS . . . . . E	
05	NONE OF THE ABOVE . . . . . Y	

**COUNSELING OF CARETAKER**

109	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING:	
01	PROVIDED GENERAL INFORMATION ABOUT FEEDING OR BREASTFEEDING THE CHILD EVEN WHEN NOT SICK . . . . . A	
02	TOLD THE CARETAKER TO GIVE EXTRA FLUIDS TO THE CHILD DURING THIS ILLNESS . . . . . B	
03	TOLD THE CARETAKER TO CONTINUE FEEDING SOLID FOOD TO THE CHILD DURING THIS ILLNESS . . . . . C	
04	TOLD THE CARETAKER TO CONTINUE BREASTFEEDING THE CHILD DURING THIS ILLNESS . . . . . D	
05	TOLD THE CARETAKER WHAT ILLNESS(ES) THE CHILD HAS . . . . . E	
06	DESCRIBED SIGNS AND/OR SYMPTOMS IN THE CHILD FOR WHICH TO IMMEDIATELY BRING CHILD BACK . . . F	
07	ASKED IF THE CARETAKER HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS . . . . . G	
08	ASKED PERMISSION BEFORE CARRYING OUT ANY EXAMS OR PROCEDURES . . . . . H	
09	EXPLAINED TO CARETAKER WHY THEY WERE CARRYING OUT EXAMINATIONS OR PROCEDURES . . . . . I	
10	EXPLAINED THE FINDINGS OF ANY EXAMS OR CONSULTATIONS . . . . . J	
11	EXPLAINED WHY THEY WERE GIVING THE CHILD ANY MEDICINE . . . . . K	
12	NONE OF THE ABOVE . . . . . Y	

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
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**ADDITIONAL COUNSELING**

110	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING. THIS REFERS ONLY TO COUSELING TO BE APPLIED AFTER THE VISIT OR MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE START DOSES OR ONE TIME MEDICINES GIVEN TO THE CHILD DURING THE VISIT (E.G., ORS OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYMPTOMS.		
01	PRESCRIBED OR PROVIDED ORAL MEDICATIONS DURING OR AFTER CONSULTATION .....	A	
02	EXPLAINED HOW TO ADMINISTER ORAL TREATMENT(S) .....	B	
03	DISCUSS FOLLOW-UP VISIT FOR THE SICK CHILD .....	C	
04	NONE OF THE ABOVE .....	Y	

**REFERRALS AND ADMISSIONS**

111	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:		
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL) .....	A	
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE .....	B	
03	REFERRED CHILD TO A NUTRITION CENTER .....	C	
04	REFERRED CHILD FOR A LABORATORY TEST WITHIN FACILITY .....	D	
05	REFERRED CHILD FOR A LABORATORY TEST OUTSIDE FACILITY .....	E	
06	EXPLAINED THE REASON FOR (ANY) REFERRAL .....	F	
07	GAVE REFERRAL SLIP TO CARETAKER .....	G	
08	GAVE PRE-REFERRAL TREATMENT TO CHILD FOR DIAGNOSED CONDITION .....	H	
09	EXPLAINED WHERE (OR TO WHOM) TO GO .....	I	
10	EXPLAINED WHEN TO GO FOR REFERRAL .....	J	
11	NONE OF THE ABOVE .....	Y	

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
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**ADDITIONAL PROVIDER ACTIONS**

112	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING: (THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED)		
01	LOOKED AT THE CHILD'S IMMUNIZATION CARD OR ASKED CARETAKER ABOUT CHILD VACCINATION HISTORY .....	A	
02	LOOKED AT THE CHILD'S HEALTH CARD EITHER BEFORE BEGINNING THE CONSULTATION, OR WHILE COLLECTING INFORMATION FROM THE CARETAKER, OR WHILE EXAMINING THE CHILD .....	B	
THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD			
03	WROTE ON THE CHILD'S HEALTH CARD .....	C	
04	USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELING .....	D	
05	WASHED HANDS BEFORE AND AFTER ANY PROCEDURE .....	E	
06	NONE OF THE ABOVE .....	Y	

**6. QUESTIONS TO PROVIDER**

AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS:

200	What was the outcome of this consultation?  READ EACH OUTCOME OPTION AND CIRCLE CODE '1' IF YES, OR CODE '2' FOR NO.			
			YES	NO
	a) Treated and sent home	a) TREATED/SENT HOME ...	1	2
	b) Child referred to provider, same facility	b) REFERRED TO PROVIDER SAME FACILITY .....	1	2
	c) Child admitted, same facility	c) ADMITTED SAME FACILITY .....	1	2
	d) Child sent to lab for testing	d) SENT TO LAB FOR TESTING .....	1	2
	e) Child referred to other facility	e) REFERRED TO OTHER FACILITY .....	1	2



NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
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**DIAGNOSIS**

	<p>ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD.</p> <p>FOR ANY DIAGNOSIS, CIRCLE THE DIAGNOSIS MADE.</p>		
<b>DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)</b>			
201	DEHYDRATION	SEVERE DEHYDRATION ..... 1 SOME DEHYDRATION ..... 2 NONE OF THE ABOVE / NO DEHYDRATION ..... 3	
202	RESPIRATORY SYSTEM	PNEUMONIA / BRONCHOPNEUMONIA ..... A UPPER RESPIRATORY INFECTION (URI) / ACUTE RESPIRATORY ILLNESS (ARI) ..... B OTHER COUGH AND RESPIRATORY ILLNESS ..... C NONE OF THE ABOVE ..... Y	
203	DIGESTIVE SYSTEM / INTESTINAL	DIARRHEA ..... A DYSENTERY ..... B OTHER GASTROINTESTINAL TRACT INFECTION ..... C NONE OF THE ABOVE ..... Y	
204	MALARIA	MALARIA (UNCOMPLICATED) ..... 1 MALARIA (SEVERE) ..... 2 NONE OF THE ABOVE ..... 3	
205	FEVER, MEASLES, AND OTHER INFECTIONS	FEVER OF UNKNOWN ORIGIN ..... A POSSIBLE SERIOUS BACTERIAL INFECTION (PSBI) ..... B MEASLES ..... C OTHER INFECTIONS ..... D NONE OF THE ABOVE ..... Y	



NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
213	Is (NAME)'s hemoglobin result available?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 215
214	What is (NAME)'s hemoglobin concentration level?  RECORD HEMOGLOBIN CONCENTRATION LEVEL IN BOXES IN G/DL in 00.0 FORMAT, ADD PRECEEDING "0" IN THE FIRST BOX IF HB LEVEL IS LESS THAN 10.0 G/DL, FOR EXAMPLE 09.9 G/DL	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>  DECLINED TO ANSWER ..... 99.5 DON'T KNOW ..... 99.8	
215	Has [NAME] had a fever with this illness [DIAGNOSIS IN 201, 202, 203, 204, 205, 206] or any time in the past two days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
216	Have you or other healthcare provider in this facility measured (NAME)'s temperature today?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 218
217	What is (NAME)'s body temperature?  RECORD BODY TEMPERATURE IN BOXES IN THE UNIT DEGREES CELSIUS (°C) in 00.0 FORMAT.	DEGREES CELSIUS <input type="text"/> <input type="text"/> . <input type="text"/>  DECLINED TO ANSWER ..... 99.5 DON'T KNOW ..... 99.8	
218	Did (NAME) have a malaria rapid diagnostic test (RDT) done anywhere in this facility before coming into this consultation room to see you today?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 221
219	Did you see, or did the caretaker show you (NAME)'s malaria RDT result as part of this consultation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 221
220	What is (NAME)'s result of the malaria RDT test?	POSITIVE ..... 1 NEGATIVE ..... 2 DON'T KNOW ..... 8	
221	Were any child measurements taken by you or another health care provider before the consultation today, for example during group counseling or while (NAME) was waiting?  IF "YES", ASK "Which measurements?"	WEIGHT ..... A HEIGHT ..... B TEMPERATURE ..... C OTHER: _____ D (SPECIFY) NONE ..... Y	

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
222	<p>CHECK 105, 204, 205, 211, 215: IF CHILD HAD A FEVER (CODE 'A' IS CIRCLED IN 105 (01)), WAS DIAGNOSED WITH ANY MALARIA (CODE '1' OR CODE '2' IS CIRCLED IN 204) AND / OR WITH A FEVER (CODE 'A-D' IS CIRCLED IN 205) AND / OR FOUND WITH PALMAR PALLOR (CODE '1' IS CIRCLED IN 211), AND /OR HAD A FEVER WITH DIAGNOSED ILLNESS OR IN THE PAST TWO DAYS(CODE '1' IS CIRCLED IN 215)</p> <p>YES, DIAGNOSED WITH ANY MALARIA AND / OR ANY FEVER AND / OR PALMAR PALLOR <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		229
223	(NAME) had fever and/or was diagnosed with (DIAGNOSIS FROM 204, 205, AND/OR 211), did you or other healthcare provider perform/request a mRDT test to confirm malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	226
224	Is (NAME)'s malaria rapid diagnostic test (mRDT) result available?	YES, AT THE PROVIDER SITE ..... 1 YES, AT THE LABORATORY ..... 2 NO ..... 3 DON'T KNOW ..... 8	226
225	What is (NAME)'s result of the mRDT test?	POSITIVE ..... 1 NEGATIVE ..... 2 DON'T KNOW ..... 8	
226	(NAME) had fever and/or was diagnosed with (DIAGNOSIS FROM 204, 205, AND/OR 211), did you or other healthcare provider perform/request a malaria microscopy to confirm malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	229
227	Is (NAME)'s malaria microscopy result available?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	229
228	What is (NAME)'s result of the malaria microscopy?	POSITIVE ..... 1 NEGATIVE ..... 2 DON'T KNOW ..... 8	
229	<p>Did you <b>vaccinate</b> the child during this visit or refer the child for vaccination today other than for vitamin A supplementation?</p> <p>IF NO, ASK: Why not?</p>	YES, VACCINATED CHILD ..... 1 YES, REFERRED ..... 2 NOT DUE FOR VACCINATION ..... 3 VACCINE NOT AVAILABLE ..... 4 CHILD TOO SICK ..... 5 NOT DAY FOR VACCINATION ..... 6 DID NOT CHECK FOR VACCINATION .. 7 VACCINATION COMPLETED ..... 8	

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
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**TREATMENT**

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.			
230	<p>Did you prescribe any treatment today for this child?</p> <p>IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 236
231	GENERAL TREATMENT	<p>BENZYL PENICILLIN INJECTION ..... A</p> <p>GENTAMYCINE INJECTION ..... B</p> <p>CEFTRIAXONE INJECTION ..... C</p> <p>AMPICILLINE INJECTION ..... D</p> <p>OTHER ANTIBIOTIC INJECTION ..... E</p> <p>OTHER INJECTION ..... F</p> <p>CO-TRIMOXAZOLE</p> <p>    TABLET/SYRUP ..... G</p> <p>AMOXICILLIN SYRUP ..... H</p> <p>AMOXICILLIN DISPERSIBLE</p> <p>    TABLETS ..... I</p> <p>CIPROFLOXACINE TABLETS ..... J</p> <p>AZITHROMYCIN TABLETS ..... K</p> <p>OTHER ANTIBIOTIC TABLET/SYRUP .. L</p> <p>PARACETAMOL ..... M</p> <p>OTHER FEVER REDUCING MEDICINE .. N</p> <p>ZINC ..... O</p> <p>IRON ..... P</p> <p>VITAMINS (OTHER</p> <p>    THAN VITAMIN A) ..... Q</p> <p>MEBENDAZOLE (IF NOT GIVEN</p> <p>    FOR LAST 6 MONTHS) ..... R</p> <p>COUGH SYRUPS/OTHER</p> <p>    MEDICATION ..... S</p> <p>NONE OF THE ABOVE ..... Y</p>	

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO				
232	MALARIA	INJECTABLE QUININE ..... A INJECTABLE ARTEMETHER ..... B INJECTABLE ARTESUNATE ..... C OTHER INJECTABLE ANTIMALARIAL (E.G., FANSIDAR) ..... D SUPPOSITORY ARTESUNATE ..... E ARTEMISININ COMBINATION THERAPY (ACT) (COUNTRY-SPECIFIC BRAND FIRST LINE TREATMENT) ..... F ORAL FANSIDAR (SP) ..... G ORAL CHLOROQUINE ..... H ORAL AMODIAQUINE ..... I ORAL QUININE ..... J OTHER ORAL ANTIMALARIAL ..... K NONE OF THE ABOVE ..... Y					
233	DEHYDRATION	HOME ORT (PLAN A) ..... A INITIAL ORT IN FACILITY (4 HOURS - PLAN B) ..... B INTRAVENOUS FLUIDS (PLAN C) ..... C HOME ORT (PLAN A) WITH ZINC ..... D NONE OF THE ABOVE ..... Y					
234 (FN1)	MALNUTRITION (PER COUNTRY-SPECIFIC GUIDELINES)	READY-TO-USE THERAPEUTIC FOOD (RUTF) ..... A F-75 FEEDING FORMULA ..... B F-100 FEEDING FORMULA ..... C ANY OTHER TREATMENT _____ X (SPECIFY) NONE OF THE ABOVE ..... Y					
235	OTHER TREATMENT & ADVICE	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION) ..... A FEEDING SOLID FOODS ..... B FEEDING EXTRA LIQUIDS ..... C CONTINUED BREASTFEEDING ..... D ANY OTHER TREATMENT _____ X (SPECIFY) NONE OF THE ABOVE ..... Y					
236	RECORD THE TIME THE OBSERVATION ENDED	HOURS ..... <table border="1" data-bbox="1230 1205 1365 1255"> <tr> <td></td> <td></td> </tr> </table> MINUTES ..... <table border="1" data-bbox="1230 1255 1365 1306"> <tr> <td></td> <td></td> </tr> </table>					

THANK THE SERVICE PROVIDER AND THE CLIENT AND MOVE TO THE NEXT DATA COLLECTION POINT.

**Interviewer's comments:**

OBSERVATION OF SICK CHILD CONSULTATION: FOOTNOTES

(FN1) Adapt using the country specific names of a therapeutic food or supplemental food used or formulated for the country that could be in a form of a multiple micronutrient powder, ready to use therapeutic foods, and ready to use supplemental foods. Make sure the food is used as a therapeutic food to treat malnutrition in children under age 5.