

CONSULTATION RECORD AT HEALTH FACILITY/COMMUNITY HEALTH WORKER

A

IDENTIFICATION							
FACILITY NAME _____							
DATE OF CONSULTATION	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
FACILITY CODE	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table>						
CAREGIVER CODE	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table>						
UNIQUE CAREGIVER ID	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table>						

SECTION 1. CONSULTATION RECORD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
101	Name child	_____					
102	Is [child] male or female?	MALE 1 FEMALE 2					
103	How old is [child]? <small>(IF LESS THAN ONE YEAR OLD, ENTER 00 YEARS AND COMPLETE AGE IN MONTHS)</small>	AGE IN COMPLETED YEARS <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;"> </td><td style="border: 1px solid black; width: 20px; text-align: center;"> </td></tr></table> If <1 year: AGE IN COMPLETED MONTHS ... <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;"> </td><td style="border: 1px solid black; width: 20px; text-align: center;"> </td></tr></table>					
104	What is the axillary temperature (in °C)?	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table> If not measured, enter 99.9					
105	What diagnostic method was used?	NONE 0 CLINICAL ONLY 1 RAPID DIAGNOSTIC TEST 2 MICROSCOPY 3 OTHER _____ 8 <small>(specify)</small>					
106	What is the diagnosis made by the health provider?	MALARIA 1 NOT MALARIA 0					
107	What was the result of the malaria diagnostic	NEGATIVE 0 POSITIVE 1 NOT TESTED 7 INVALID 8 DON'T KNOW 9					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>What drugs were prescribed or given to the sick child?</p> <p>(LIST ALL DRUGS PRESCRIBED/GIVEN)</p>	<p>ANTIMALARIALS</p> <p>ARTEMETHER-LUMEFANTRINE (COARTEM) A</p> <p>ARTESUNATE-AMODIAQUINE B</p> <p>SP C</p> <p>SP-AMODIAQUINE D</p> <p>CHLOROQUINE E</p> <p>AMODIAQUINE F</p> <p>QUININE PILLS G</p> <p>QUININE INJECTION IV/IM H</p> <p>ARTESUNATE RECTAL I</p> <p>ARTESUNATE INJECTION IV/IM J</p> <p>OTHER ANTIMALARIAL K</p> <p>_____ (specify)</p> <p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>ANTIBIOTIC PILLS / SYRUP M</p> <p>ANTIBIOTIC INJECTION N</p> <p>ASPIRIN O</p> <p>PARACETAMOL / ACETAMINOPHEN P</p> <p>IBUPROFEN Q</p> <p>KUNBILENI R</p> <p>KUNBILENI JEMAN S</p> <p>OTHER NOT LISTED: _____ X</p> <p>_____ (specify)</p> <p>DON'T KNOW Z</p>	
109	<p>Where do you intend to collect these drugs?</p>	<p>DRUGS COLLECTED AT FACILITY 1</p> <p>DRUGS COLLECTED FROM ELSEWHERE .. 2</p> <p>DEPENDS ON PATIENT PREFERENCE 3</p> <p>DON'T KNOW 9</p>	