

HEALTH FACILITY VISIT

Complete questions C01 through C06 upon arrival at the facility based on your own observations. Then find a knowledgeable source at the facility to answer the remaining questions.

A. GENERAL FACILITY INFORMATION																							
No.	QUESTIONS	CODING CATEGORIES	SKIP TO																				
C01	Facility Name:	GGG																					
C02	Date of Visit:	(1) Day GG (2) Month GG (3) Year GG																					
C03	Facility Location:	GG																					
C04	Region: GG	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1=Dodoma</td> <td style="width: 25%;">6=Coast</td> <td style="width: 25%;">11=Iringa</td> <td style="width: 25%;">16=Kigoma</td> </tr> <tr> <td>2=Arusha</td> <td>7=Dar es Salaam</td> <td>12=Mbeya</td> <td>17=Shinyanga</td> </tr> <tr> <td>3=Kilimanjaro</td> <td>8=Lindi</td> <td>13=Singida</td> <td>18=Kagera</td> </tr> <tr> <td>4=Tanga</td> <td>9=Mtwara</td> <td>14=Tabora</td> <td>19=Mwanza</td> </tr> <tr> <td>5=Morogoro</td> <td>10=Ruvuma</td> <td>15=Rukwa</td> <td>20=Mara</td> </tr> </table>	1=Dodoma	6=Coast	11=Iringa	16=Kigoma	2=Arusha	7=Dar es Salaam	12=Mbeya	17=Shinyanga	3=Kilimanjaro	8=Lindi	13=Singida	18=Kagera	4=Tanga	9=Mtwara	14=Tabora	19=Mwanza	5=Morogoro	10=Ruvuma	15=Rukwa	20=Mara	
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C05	District:	G																					
C06	Ward:	GGG																					
C10	What type of facility is this?	1 = Consultant Hospital 2 = Regional Hospital 3 = District/Designated district hospital 4 = Hospital, but none of above status 5 = Health center 6 = Other (specify)																					
C11	Under what authority is this facility operated?	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Government</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td>Private</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Non-Religious Voluntary</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Religious-Catholic</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Religious-Protestant</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Religious-Other</td> <td style="text-align: right;">6</td> </tr> </table>	Government	1	Private	2	Non-Religious Voluntary	3	Religious-Catholic	4	Religious-Protestant	5	Religious-Other	6									
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C13	How many beds does this facility have?	Number of beds: _____																					

C14	On average, how many outpatients are seen daily at this facility: (Outpatients are people seen for preventive care and sick people who go home the same day)	Number of Daily Outpatients:																																			
C15	How many regular staff of the following types does the facility have? a. Doctors b. Medical Assistants? c. Rural Medical Aides? d. Public Health Nurses? e. Trained Midwives? f. MCH Aides? g. Auxiliary Staff? (health officers, health attendants, other nurses)	Number of: Doctors _____ Medical Assistants _____ Rural Medical Aides _____ Nurses _____ Trained Midwives _____ MCH Aides _____ Auxiliary Staff _____																																			
C20	Does this facility perform blood transfusions?	Yes 1 -----> No 2 ----->				C ?? C40																															
	Where would patients in need of transfusion go for this procedure? How far away is this place from this facility?	Facility name Facility location Distance in kilometers Distance in hours by bus or car																																			
C21	Is information on estimated HIV prevalence in the facility service area known for any of the following groups? a. Adults 15-59 b. Antenatal clinic attendees? c. Children under 15 d. General population e Blood donors	<table border="0"> <thead> <tr> <th>Estimate known?</th> <th>No</th> <th>Yes</th> <th>Year</th> <th>Estimate</th> </tr> </thead> <tbody> <tr> <td>Adults 15-59</td> <td>2</td> <td>1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Antenatal clinic</td> <td>2</td> <td>1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Children <15</td> <td>2</td> <td>1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>General population</td> <td>2</td> <td>1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Blood donors</td> <td>2</td> <td>1</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>No information on HIV prevalence in facility service area</p>					Estimate known?	No	Yes	Year	Estimate	Adults 15-59	2	1	_____	_____	Antenatal clinic	2	1	_____	_____	Children <15	2	1	_____	_____	General population	2	1	_____	_____	Blood donors	2	1	_____	_____	
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Blood donors	2	1	_____	_____																																	
C23	Which type of HIV is most prevalent in country and/or in facility service area?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>HIV-1</td> <td>1</td> <td>2</td> </tr> <tr> <td>HIV-2</td> <td>1</td> <td>2</td> </tr> <tr> <td>HIV-1 and HIV-2</td> <td>1</td> <td>2</td> </tr> </tbody> </table>					Yes	No	HIV-1	1	2	HIV-2	1	2	HIV-1 and HIV-2	1	2																				
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	<p>Which of the following does this facility have on-site?</p> <p>a. Blood collection centre, but no blood bank</p> <p>b. Blood collection centre, as well as a blood bank</p> <p>b. Blood bank, but no blood collection centre</p> <p>c. Blood screening laboratory</p> <p>d. None of above</p>	<p>1 = Blood collection center (no blood bank)</p> <p>2 = Blood collection center and blood bank</p> <p>3 = Blood bank (no blood collection center)</p> <p>4 = Blood screening laboratory</p> <p>5 = None of above</p>	
	<p>During an average month, how many patients receive a blood transfusion at this facility?</p>	<p>No. of transfusion patients in an average month:</p> <p>_____</p>	
	<p>Where does this facility obtain the blood used for transfusion?</p>	<p>1 = Exclusively from on-site blood collection centre or blood bank</p> <p>2 = Regional blood bank</p> <p>3 = Blood collected from donors immediately prior to transfusion</p>	
	<p>During an average month, how many units of whole blood are transfused at this facility?</p>	<p>Units of whole blood transfused during an average month:</p> <p>_____</p>	
	<p>Is it possible to screen all blood for HIV before transfusion?</p>	<p>1 = All blood is screened</p> <p>2 = Not all blood can be screened</p>	
C24	<p>If less than 100 percent of blood can be screened for HIV, what proportion is screened during an average month?</p>	<p>Proportion of blood screened for HIV during an average month</p> <p>_____</p>	
	<p>Where is blood screening performed?</p>	<p>1 = on-site screening lab</p> <p>2 = blood is not screened</p> <p>3 = blood screening is performed in an off-site lab</p>	
	<p>What is the laboratory that performs screening for the blood used in this facility?</p>	<p>Name of screening laboratory</p> <p>Location of screening laboratory</p> <p>Distance from this facility</p>	
	<p>How is blood transported from the screening laboratory to this facility?</p>		
	<p>Where is blood stored at this facility?</p>		

	Does this facility use rapid, instrument-free tests to screen blood for HIV?					
C25	What proportion of blood is screened using a rapid, instrument free test during an average month?					
METHOD						
	C26 Is (METHOD) available now?	C27 How many days per week is (METHOD) available?	C28 In what year did you first offer (METHOD)?	C29 Is your stock of (METHOD) in date or out of date?	C30 METHOD SEEN/NOT SEEN STATUS	C31 How many weeks ago did you run out of (METHOD)? (97=Never stocked, 99=Avail now)
(01) Pill	Yes 1 No 2 -C31	_____	19____	In date 1 Out of date 2 Both 3	Seen 1 Not Seen 2	___ Wks.
(02) IUCD (loop)	Yes 1 No 2 -C31	_____	19____	In date 1 Out of date 2 Both 3	Seen 1 Not Seen 2	___ Wks.
(03) Injection	Yes 1 No 2 -C31	_____	19____	In date 1 Out of date 2 Both 3	Seen 1 Not Seen 2	___ Wks.
(04) Foaming tablets/ foam/jelly	Yes 1 No 2 -C31	_____	19____	In date 1 Out of date 2 Both 3	Seen 1 Not Seen 2	___ Wks.
(05) Condom	Yes 1 No 2 -C31	_____	19____	In date 1 Out of date 2 Both 3	Seen 1 Not Seen 2	___ Wks.
(07) Other Specify: _____	Yes 1 No 2 -C31	_____	19____			
C32	Do you have your contraceptives delivered or must you go get them?			Delivered 1 -----> Pick them up 2		C40
C33	How far (in kilometers) must you go to get them?			Km. to pick up contraceptives: _____ Km.		
C. OTHER HEALTH INFORMATION						
C40	Does this facility normally use disposable needles when performing blood transfusions?			Yes 1 No 2 ----->		C43
C41	Is this facility out now or has it run out of its supply of disposable needles at any time in the last 6 months?			Yes 1 No 2		
C42	Does this facility ever reuse disposable needles?			Yes 1 No 2		
C43	Does this facility normally use disposable gloves?			Yes 1 No 2 ----->		C45

C44	Is this facility out now or has it run out of disposable gloves at any time in the last six months?	Yes 1 No 2																																																	
C45	What is the method MOST frequently used for the sterilization of medical instruments (not linens)? (CIRCLE ONLY ONE)	Electric sterilizer 1 Autoclave 2 Steam pressure sterilizer 3 Boil over kerosene stove 4 Boil over charcoal/wood stove 5 None 6 --> Other: _____ 7	C47																																																
C46	Has the facility NOT been able to sterilize medical instruments for any reason (e.g. equipment broken, no electricity, no fuel) at any time in the last six months?	Yes 1 No 2																																																	
C47	Does the facility have the following items in working order/in stock: a. Running water? b. Electricity? c. Refrigerator? d. Kerosene? e. Telephone or radio transmitter? f. Vehicle? g. Motorbike? h. Bicycle? I. Blood bank? J. Disposable Gloves? K. Gauze? L. Cotton wool? M. Antiseptics? N. Microscope? O. AIDS test (ELISA test)?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Running water</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Kerosene</td> <td>1</td> <td>2</td> </tr> <tr> <td>Telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Vehicle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorbike</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood Bank</td> <td>1</td> <td>2</td> </tr> <tr> <td>Exam Gloves</td> <td>1</td> <td>2</td> </tr> <tr> <td>Gauze</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cotton Wool</td> <td>1</td> <td>2</td> </tr> <tr> <td>Antiseptics</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microscope</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIDS Test</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Running water	1	2	Electricity	1	2	Refrigerator	1	2	Kerosene	1	2	Telephone	1	2	Vehicle	1	2	Motorbike	1	2	Bicycle	1	2	Blood Bank	1	2	Exam Gloves	1	2	Gauze	1	2	Cotton Wool	1	2	Antiseptics	1	2	Microscope	1	2	AIDS Test	1	2	
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C48	Do you have an outreach program?	Yes 1 No 2 ----->	C50																																																
C49	How many villages/communities do you regularly visit?	Number of sites: _____																																																	
C50	Do you receive an EDP kit every month?	Yes 1 No 2 ----->	C53																																																
C51	Do you pick up the EDP kit every month?	Yes 1 No 2 ----->	C53																																																
C52	How far do you have to travel to pick up the EDP kit?	_____ Km																																																	

SERVICES AVAILABLE AT THE FACILITY:

Now I would like to ask you about maternal and child health services available at this health center. ASK C53 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

Service	C53 Is (SERVICE) available?	C54 How many days per week is (SERVICE) available?	C55 In what year was (SERVICE) first offered here?
(01) Blood collection	Yes 1 No 2 → (2)	_____ days per week	19____

(02) Blood screening	Yes 1 No 2 → (3)	----->	19____
(03) Blood bank	Yes 1 No 2 → (4)	_____ days per week	19____
(04) Transfusion	Yes 1 No 2 → (5)	_____ days per week	19____
(05) Rapid HIV testing	Yes 1 No 2 → C56	_____ days per week	19____

MEDICATION AVAILABILITY AT THE FACILITY:

Now I would like to ask you about medications and other supplies available at this facility. When I have finished, I will need to see the medications you have in stock. ASK C56 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK C57, IF NOT ASK C58. IF THE MEDICATION HAS AT SOME TIME BEEN AVAILABLE ASK C59. IF C56 IS YES, RECORD WHETHER YOU SEE THE MEDICATION.

Medication	C56 Is (MEDICATION) available now?	C57 At any time in the last 6 months did you run out of (MEDICATION)?	C58 Have you ever had (MEDICATION)?	C59 Why do you not have (MEDICATION) now? [a]	C60 MEDICATION SEEN/NOT SEEN STATUS
(01) Chloroquine	Yes 1 No 2 → C58	Yes 1 → (2) No 2 → (2)	Yes 1 No 2 → (2)	_____	Seen 1 Not Seen 2
(02) Quinine	Yes 1 No 2 → C58	Yes 1 → (3) No 2 → (3)	Yes 1 No 2 → (3)	_____	Seen 1 Not Seen 2
(03) Iron Tablets	Yes 1 No 2 → C58	Yes 1 → (4) No 2 → (4)	Yes 1 No 2 → (4)	_____	Seen 1 Not Seen 2
(04) Folic Acid	Yes 1 No 2 → C58	Yes 1 → (5) No 2 → (5)	Yes 1 No 2 → (5)	_____	Seen 1 Not Seen 2
(05) ORS Packets	Yes 1 No 2 → C58	Yes 1 → (6) No 2 → (6)	Yes 1 No 2 → (6)	_____	Seen 1 Not Seen 2
(06) Trimethoprim	Yes 1 No 2 → C58	Yes 1 → (7) No 2 → (7)	Yes 1 No 2 → (7)	_____	Seen 1 Not Seen 2
(07) Sulfamethoxazole	Yes 1 No 2 → C58	Yes 1 → (8) No 2 → (8)	Yes 1 No 2 → (8)	_____	Seen 1 Not Seen 2
(08) Spectinomycin	Yes 1 No 2 → C58	Yes 1 → (9) No 2 → (9)	Yes 1 No 2 → (9)	_____	Seen 1 Not Seen 2
(09) Tetracycline	Yes 1 No 2 → C58	Yes 1 → (10) No 2 → (10)	Yes 1 No 2 → (10)	_____	Seen 1 Not Seen 2

(10) Norfloxacin	Yes 1 No 2 → C58	Yes 1 → (11) No 2 → (11)	Yes 1 No 2 → (11)	_____	Seen 1 Not Seen 2
Medication	C56 Is (MEDICATION) available now?	C57 At any time in the last 6 months did you run out of (MEDICATION)?	C58 Have you ever had (MEDICATION)?	C59 Why do you not have (MEDICATION) now? [a]	C60 MEDICATION SEEN/NOT SEEN STATUS
(11) Ceftriaxone	Yes 1 No 2 → C58	Yes 1 → (12) No 2 → (12)	Yes 1 No 2 → (12)	_____	Seen 1 Not Seen 2
(12) Ciprofloxacin	Yes 1 No 2 → C58	Yes 1 → (13) No 2 → (13)	Yes 1 No 2 → (13)	_____	Seen 1 Not Seen 2
(13) Kanamycin	Yes 1 No 2 → C58	Yes 1 → (14) No 2 → (14)	Yes 1 No 2 → (14)	_____	Seen 1 Not Seen 2
(14) Thiamphenicol	Yes 1 No 2 → C58	Yes 1 → (15) No 2 → (15)	Yes 1 No 2 → (15)	_____	Seen 1 Not Seen 2
(15) Doxycycline	Yes 1 No 2 → C58	Yes 1 → (16) No 2 → (16)	Yes 1 No 2 → (16)	_____	Seen 1 Not Seen 2
(16) Rifampicin	Yes 1 No 2 → C58	Yes 1 → (17) No 2 → (17)	Yes 1 No 2 → (17)	_____	Seen 1 Not Seen 2
(17) Erythromycin	Yes 1 No 2 → C58	Yes 1 → (18) No 2 → (18)	Yes 1 No 2 → (18)	_____	Seen 1 Not Seen 2
(18) Sulfafurazole	Yes 1 No 2 → C58	Yes 1 → (19) No 2 → (19)	Yes 1 No 2 → (19)	_____	Seen 1 Not Seen 2
(19) Benzathine Penicillin	Yes 1 No 2 → C58	Yes 1 → (20) No 2 → (20)	Yes 1 No 2 → (20)	_____	Seen 1 Not Seen 2
(20) Procaine Penicillin	Yes 1 No 2 → C58	Yes 1 → (21) No 2 → (21)	Yes 1 No 2 → (21)	_____	Seen 1 Not Seen 2
(21) Penicillin, Other	Yes 1 No 2 → C58	Yes 1 → (22) No 2 → (22)	Yes 1 No 2 → (22)	_____	Seen 1 Not Seen 2
(22) Sulfadiazine	Yes 1 No 2 → C58	Yes 1 → C60 No 2 → C60	Yes 1 No 2 → C61	_____	Seen 1 Not Seen 2

CODES: [a] Insufficient funds = 1 Not designated to carry = 3 Other = 5
Unable to get resupply = 2 Out of current month's supply = 4

VISITOR PROGRAMS: Now I would like to ask you about when you were last visited by officials from different programs and how often you were visited by each official in the last six months.			
Visitor	C61 When was this health center last visited:	C62 How often did the official visit in the last six months?	
(01) Maternal & Child Health Coordinator (MCH)?	Within the last week 1 Within the last month 2 Within the last three months 3 Within the last six months 4 More than six months ago 5 Never visited 6 Don't know 9	Number of visits _____	
(02) Cold Chain Operator (CCO)?	Within the last week 1 Within the last month 2 Within the last three months 3 Within the last six months 4 More than six months ago 5 Never visited 6 Don't know 9	Number of visits _____	
(03) Essential Drug Program (EDP)?	Within the last week 1 Within the last month 2 Within the last three months 3 Within the last six months 4 More than six months ago 5 Never visited 6 Don't know 9	Number of visits _____	
(04) Nursing Officer?	Within the last week 1 Within the last month 2 Within the last three months 3 Within the last six months 4 More than six months ago 5 Never visited 6 Don't know 9	Number of visits _____	
C63		_____ Family planning posters seen	
C64		_____ AIDS posters seen	
C65		_____ Nutrition posters seen	
C66	Are immunizations available for children now?	Yes 1 No 2 ----->	C70
C67	At any time in the last 6 months have you run out of vaccines?	Yes 1 No 2	
C68	I will need to see your supply of vaccines after we finish this interview.	Vaccines seen in refrigerator 1 Vaccines seen not in refrigerator 2 Vaccines not seen 3	
D. AIDS Related Information			

C70	How many cases of STD did you see at this facility last week?	Male _____ Female _____	
C71	How many cases of STD would you see at this facility during an average month?	Male _____ Female _____	
C72	When a patient reports with a complaint of STD, do you routinely ask them any questions?	Yes 1 No 2 ----->	C74
C73	What questions do you ask if a patient complains of STD? PROBE IF NOT MENTIONED SPONTANEOUSLY. (a) Do you ask about present symptoms? (b) Do you ask about onset/duration of symptoms? (c) Do you ask about recent sexual contacts?	Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Probed Probed Probed Yes 3 No 4 Yes 3 No 4 Yes 3 No 4	
C74	Do you routinely perform a physical examination on your male STD patients? (* respondent does not see male patients)	Yes 1 No 2 -----> NA* 3 ----->	C76 C76
C75	Please describe each step of how you would examine a male STD patient: PROBE IF NOT MENTIONED SPONTANEOUSLY. (a) Do you ask the patient to undress so that genitals are fully exposed? (b) Do you examine the patient for urethral/penile discharge? (c) Do you examine the genitals for lesions after retracting the foreskin?	Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Probed Probed Probed Yes 3 No 4 Yes 3 No 4 Yes 3 No 4	
C76	Do you routinely perform a physical examination on your female STD patients? (* respondent does not see female patients)	Yes 1 No 2 -----> NA* 3 ----->	C78 C78

C77	Please describe each step of how you would examine a female STD patient: PROBE IF NOT MENTIONED SPONTANEOUSLY. (a) Do you ask the patient to undress so that genitals are fully exposed? (b) Do you ask the patient to lie down? (c) Do you examine the vulva and the labia for lesions? (d) Do you look for a vaginal discharge? (e) Do you perform a speculum examination? (f) Do you perform a bimanual examination?	Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Probed Probed Probed Probed Probed Probed Yes 3 No 4 Yes 3 No 4 Yes 3 No 4 Yes 3 No 4 Yes 3 No 4 Yes 3 No 4	
C78	What type of diagnosis do you base your treatment on? • an etiologic diagnosis (using lab test or microscopy) such as gonorrhea or syphilis or • a syndromic diagnosis (based on presenting symptoms) such as urethral discharge or genital ulcer disease?	Etiologic 1 Syndromic 2 Both 3	
C79	Do you have a microscope in working condition in this facility?	Yes 1 No 2 ----->	C81
C80	Do you perform: (a) Wet-mount microscopy to diagnose STDs? (b) Gram Stains to diagnose STDs? (c) VDRL tests? (d) Darkfield microscopy?	Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2	
C81	Do you send your STD patients (or specimens) to another facility for laboratory investigations?	Yes 1 -----> No 2 ----->	C82 C83

TREATMENT CHOICE:

In your experience, what is the first choice treatment that you usually prescribe for a patient with:

Note: C83-C87 have been replaced by an overall score where 1=correct and 0=incorrect in variables treat1-treat4.

	C83 Drug Name	C84 Quantity	C85 Dosage[a]	C86 Route [b]	C87 Duration of Rx (Day)
(1) Gonorrhea?	_____	_____	_____	_____	_____

(2) Non-gonococcal urethritis?	_____	_____	_____	_____	_____
(3) Primary syphilis?	_____	_____	_____	_____	_____
(4) Chancroid?	_____	_____	_____	_____	_____

TREATMENT CHOICE WITHOUT A DEFINITIVE DIAGNOSIS:

In the absence of a definitive diagnosis, what, in your experience is the first choice treatment that you usually prescribe for:

Note: C88-C92 have been replaced by an overall score where 1=correct and 0=incorrect in variables treat5-treat7.

	C88 Drug Name	C89 Quantity	C90 Dosage [a]	C91 Route [b]	C92 Duration of Rx
(1) A male patient with a urethral discharge?	_____	_____	_____	_____	_____
(2) A male patient with a genital ulcer?	_____	_____	_____	_____	_____
(3) A female patient with a genital ulcer?	_____	_____	_____	_____	_____

[a] 1X Daily=1 2X Daily=2 3X Daily=3 4X Daily=4 5X Daily=5 6=Single Dose 7=Other
 [b] Insection=1 Oral=2 Topical=3

C93	<p>Do you give any special education/advice to your STD patients?</p> <p>(a) Do you tell you patients to take all the medications you have prescribed?</p> <p>(b) Do you advise your patients to use condoms?</p> <p>(c) Do you advise your patients to tell their sexual partners to get treated?</p> <p>(d) If you do advise your patients to tell their sexual partner(s) to get treated, do you use contact cards or referral slips? (IF YES, ASK TO HAVE ONE)</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 → (4) No 2 → C94</p> <p>Yes 1 No 2</p>	<p>Probed Yes 3 No 4</p> <p>Probed Yes 3 No 4</p> <p>Probed Yes 3 -> No 4 -></p>	(4) C94
C94	Do you follow any specific treatment guidelines in your management of STD patients?	Yes 1 No 2		

C95	Have you received a copy of the STD treatment schedules recommended by the National STD Control Programme?	Yes 1 No 2 NA 3	
C96	Do you provide drugs to PREVENT your clients from contracting STDs (do you provide STD prophylaxis)?	Yes 1 No 2	
E. FINAL QUESTIONS			
Questions C101 and C102 are to be answered after the facility visit is complete.			
C101	DID THE INFORMANT SEEM KNOWLEDGEABLE?	Yes 1 No 2	
check list	INSPECT THE SUPPLY SHELVES AND REFRIGERATOR AS DIRECTED IN QUESTIONS: C30 _____ C60 _____ C63-C65 _____		
C102	ADDITIONAL COMMENTS:		