

SURVEY INSTRUMENT

This is a patient level survey instrument survey instrument being administered at a health care centre.

Module A – Identification						
1. Date	2. Enumerator name	3. Village Name:				
4. Health Care Provider Name:	5. Patient name	6. Do you consent to complete the survey? 1. Yes 0. No	7. Why do you not consent to be surveyed? (only if not consented)			
<i>Enumerator: Continue with the rest of the survey only if the patient has provided consent.</i>						
Module B – Background						
1. What type of patient are you? 1. New Patient 2. Returning Patient -99 Can't say				2. What is your age?		
Module C – Symptoms						
1- Which symptoms are you suffering from? 1. Fever <input type="checkbox"/> 4. Diarrhea <input type="checkbox"/> -77 Other <input type="checkbox"/> 2. Cough <input type="checkbox"/> 5. Pain <input type="checkbox"/> 7_o: Specify Other 3. Cold <input type="checkbox"/> 6. Weakness <input type="checkbox"/> <input style="width: 100px; height: 15px;" type="text"/>			2. Where is the pain? (ask only if patient has pain):			
			3. For how many days have you had diarrhea? (ask only if patient has diarrhea) Allow the answers [<i>don't know</i>] and [<i>refuse to answer</i>] <input style="width: 100px; height: 15px;" type="text"/>			
Module D – Medication						
1. How many medicines have you taken in the last 30 days?						
<i>Enumerator: questions below are repeated over for all medicines the patient has taken in the last 30 days.</i>						
No	2. What is the name of the medicine?	3. What type of medicine is this? 1. Tablet 2. Injection 3.Syrup	4. Dosage			
			4a. What is the dosage strength	4b. How many doses do you have to take per day?	4c. How many days is the course of medication?	
1						
2						
3						
4						
5						