

 0%**Banco Interamericano de Desarrollo****Salud Mesoamerica 2015 (SM2015)****Login page for the Health Facility Survey**

ID:

**Medical Record Review**

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## 1. District ID:

- ☐ Orange Walk
  - ☐ Corozal District
  - ☐ Cayo District
  - ☐ Other
- 

## 2. Facility ID:

- ☐ Orange Walk Town / Northern Regional Hospital
- ☐ Orange Walk Town / Orange Walk Health Center (Urban)
- ☐ San Jose Village / Zenobia Meggs Health Center
- ☐ San Felipe Village / San Felipe Health Center
- ☐ August Pine Ridge Village / August Pine Ridge Health Center
- ☐ Guinea Grass Village / Guinea Grass Health Center
- ☐ Santa Martha Village / Santa Martha Health Post
- ☐ Carmelita Village / Carmelita Health Post
- ☐ Lousiana Area, Orange Walk town / Lousiana Health Post (non functioning due to infrastructure)
- ☐ Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)
- ☐ San Lazaro Village / Ignacia Moguel Health Post
- ☐ San Carlos Village / San Carlos Health Post
- ☐ Indian Church Village / Indian Church Health Post
- ☐ San Antonio Village / San Antonio Health Post
- ☐ San Roman Village / San Roman Health Post
- ☐ Orange Walk Town / Mobile Clinic
- ☐ Corozal Town / Corozal Community Hospital

- ☐ Corozal Town / Corozal Health Center (Urban)
- ☐ San Narciso Village / San Narciso Health Center
- ☐ Caledonia Village / Caledonia Health Center
- ☐ Libertad Village / Libertad Health Center
- ☐ Sarteneja Village / Sarteneja Health Center
- ☐ Progreso Village / Progreso Health Center
- ☐ Chunox Village / Chunox Health Post
- ☐ Concepcion Village / Concepcion Health Post
- ☐ San Joaquin Village / San Joaquin Health Post
- ☐ Xaibe Village / Xiabe Health Post
- ☐ Chan Chen Village / Chan Chen Health Post
- ☐ Copper Bank Village / Copper Bank Health Post
- ☐ San Victor Village / San Victor Health Post
- ☐ Corozal Town / Mobile Clinic
- ☐ Belmopan City / Western Regional Hospital
- ☐ Belmopan City / Belmopan Health Center (Urban)
- ☐ Valley of Peace Village / Valley of Peace
- ☐ Cotton Tree Village / Cotton Tree Health Post
- ☐ St Matthews Village / St Matthews Health Post
- ☐ Franks Eddy Village / Franks Eddy Health Post
- ☐ Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)
- ☐ Belmopan City / Mobile Clinic
- ☐ San Ignacio / San Ignacio Community Hospital
- ☐ San Ignacio / San Ignacio Health Center (Urban)
- ☐ Benque Viejo Del Carmen / Mopan Clinic Health Center
- ☐ Georgeville / Georgeville Health Center
- ☐ San Antonio Village / San Antonio Health Post
- ☐ San Ignacio / Mobile Clinic
- ☐ Other (specify):

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3. Today's Date:

(DD/MM/YYYY)

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4. Interviewer ID 1:

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5. Interviewer ID 2:

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6. What type of medical unit is this?  
(CHOOSE ONE):

- ☐ Health Clinic / Health Post / Mobile Unit
- ☐ Community Hospital
- ☐ Regional Hospital

**Management of low weight for age**

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7. Please note if the following was recorded:

Date of visit

- ☐ Yes:  (DD/MM/YYYY)
- ☐ Not recorded
- 

8. Please note if the following was recorded:

Hour of visit

- ☐ Time:  (HH:MM)
- ☐ Not recorded
- 

Please identify the medical record of children 0-23 months with low birth weight during the last 2 years and check if the following is recorded:

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9. How old was the child on his/her visit (or the first time recorded)?

- ☐ Age in days:
- ☐ Age in months:
- ☐ Age in years:
- ☐ Not recorded
- 

This file is ineligible. You indicated that the date of consultation was . Please review records where the date of consultation occurred between 01/05/2012 - 30/07/2014.

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Check if the following was recorded in the medical chart

10. How many visits did the child have?

- ☐ Number:
- 

11. Weight:

- ☐ Not recorded
- ☐ Kilos
- ☐ Ounces
- 

12. Height/length:

- ☐ Not recorded
- ☐ Recorded(in cm)
- 

13. Was the baby exclusively breastfed?

- ☐ Yes
- ☐ No
- ☐ Not recorded
- 

14.

Recorded  
(yes/no)

Charting of weight and height on take home cards

 

Provide supplements

 

Assess feeding practices of child

Counsel mother and/or other caregivers on prevention of under nutrition

☐ ☐

Counsel mother and/or other caregivers on hygiene practices

☐ ☐

Counsel mother and/or other caregivers on how to prepare age-specific meals

☐ ☐

Counsel mother and/or other caregivers on how to feed the child

☐ ☐

Counsel mother and/or other caregivers on breastfeeding

☐ ☐
☐ ☐
☐ ☐

15. Recorded (yes/no)

Information about referral

☐ ☐

Information about breastfeeding

☐ ☐

16. Was the baby referred?

- ☐ Yes
- ☐ No
- ☐ Not recorded

17. Why was the baby referred?

- ☐ Severely undernourished
- ☐ Not responding to the treatment
- ☐ Other (specify):
- ☐ Not recorded

Check if the following was recorded in the medical chart

18. How many visits did the child have?

- ☐ Number:

19. Weight:

- ☐ Not recorded
- ☐ Kilos
- ☐ Ounces

20. Height/length:

- ☐ Not recorded
- ☐ Recorded(in cm)

21.

Recorded  
(yes/no)

Charting of weight and height on take home cards

☐ ☐

Provide supplements

☐ ☐

Assess feeding practices of child

☐ ☐

Counsel mother and other caregivers on prevention of undernutrition

☐ ☐

Counsel mother and other caregivers on hygiene practices

☐ ☐

Counsel mother and other caregivers on how to prepare age-specific meals

 

Counsel mother and/or other caregivers on how to feed the child

 

Counsel mother and/or other caregivers on breastfeeding

 

22. Recorded (yes/no)

Information about referral

 

Information about breastfeeding

 

23. Was the baby exclusively breastfed?

- ☐ Yes
- ☐ No
- ☐ Not recorded

24. Was Vitamin D prescribed?

- ☐ Yes
- ☐ No
- ☐ Not recorded

25. Please record dose of Vitamin D

- ☐ Dose:  mg/day
- ☐ Not recorded

26. Please record age (in months) of the baby when Vitamin D was initiated

- ☐ Age:  months
- ☐ Not recorded

27. Was Vitamin A prescribed?

- ☐ Yes
- ☐ No
- ☐ Not recorded

28. Please record dose of Vitamin A

- ☐ Dose:  IU
- ☐ Not recorded

29. Please record age (in months) of the baby when Vitamin A was initiated

- ☐ Age:  months
- ☐ Not recorded

30. Was iron prescribed?

- ☐ Yes
- ☐ No
- ☐ Not recorded

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31. Please record dose of iron

- ☐ Dose:  mg/kg/day
- ☐ Not recorded
- 

32. Please record age of the baby when iron intake was initiated

- ☐ Age:  months
- ☐ Age:  weeks
- ☐ Not recorded
- 

33. Please record if multivitamins were prescribed.

- ☐ Yes
- ☐ No
- ☐ Not recorded
- 

34. Was the baby referred?

- ☐ Yes
- ☐ No
- ☐ No recorded
- 

35. Why was the baby referred?

- ☐ Severely undernourished
- ☐ Not responding to the treatment
- ☐ Other (specify):
- ☐ Not recorded
- 

Check if the following was recorded in the medical chart

36. How many visits did the child have?

- ☐ Number:
- 

37. Weight:

- ☐ Not recorded
- ☐ Kilos
- ☐ Ounces
- 

38. Height/length:

- ☐ Not recorded
- ☐ Recorded(in cm)
- 

39.

Recorded  
(yes/no)

Charting of weight and height on take home cards

 

Provide supplements

 

Assess feeding practices of child

Counsel mother and/or other caregivers on prevention of undernutrition

 

Counsel mother and/or other caregivers on hygiene practices

 

Counsel mother and/or other caregivers on how to prepare age-specific meals

 

Counsel mother and/or other caregivers on how to feed the child

 

Counsel mother and/or other caregivers on breastfeeding

 

40. Recorded (yes/no)

Information about referral

 

Information about breastfeeding

 

41. Was the baby exclusively breastfed?

- ☐ Yes  
☐ No  
☐ Not recorded

42. Was Vitamin D prescribed?

- ☐ Yes  
☐ No  
☐ Not recorded

43. Please record dose of Vitamin D

- ☐ Dose:  mg/day  
☐ Not recorded

44. Please record age (in months) of the baby when Vitamin D was initiated

- ☐ Age:  months  
☐ Not recorded

45. Was Vitamin A prescribed?

- ☐ Yes  
☐ No  
☐ Not recorded

46. Please record dose of Vitamin A

- ☐ Dose:  IU  
☐ Not recorded

47. Please record age (in months) of the baby when Vitamin A was initiated

- ☐ Age:  months  
☐ Not recorded

48. Was iron prescribed?

- ☐ Yes

- ☐ No  
☐ Not recorded

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49. Please record dosage of iron

- ☐ Dose:  mg/kg/day  
☐ Not recorded

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50. Please record age of the baby when iron intake was initiated

- ☐ Age:  months  
☐ Age:  weeks  
☐ Not recorded

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51. Please record if multivitamins were prescribed.

- ☐ Yes  
☐ No  
☐ Not recorded

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52. Please check if information about vaccines are recorded

- ☐ Yes  
☐ No

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53. Please check if child received any of the following vaccines and enter number of times each vaccine was given

	Yes; number of times:	No
BCG	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pentavalent	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Polio vaccine	<input type="radio"/> <input type="text"/>	<input type="radio"/>
DPT vaccine	<input type="radio"/> <input type="text"/>	<input type="radio"/>
MMR	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Hep B	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Rotavirus	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pneumococcal conjugate vaccine	<input type="radio"/> <input type="text"/>	<input type="radio"/>

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54. Enter relevant comments about this section



**You have reached the end of the survey.**

Please click the button 'submit' to send your responses and close the survey. No revisions to the responses can be made after clicking 'submit'.

If you believe you have reached this page in error, please click 'Previous' and revise your responses as necessary.

Thank you for your time today.

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