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Collection: LOGIN**Contains:** DATSTAT_ALTPID**BID****Banco Interamericano de Desarrollo****Salud Mesoamerica 2015 (SM2015)****Login page for the Health Facility Survey****Question:** DATSTAT_ALTPID
Required

ID:

Collection: MEDICAL_RECORD_REVIEW**Contains:** MRR_LOG_IN, MRR_DIARRHEA, VACCINES**Medical Record Review****Collection:** MRR_LOG_IN**Contains:** MRR_FACILITY_ID, MRR_FAC_ID, MRR_DATE, MRR_INTERVW_ID1, MRR_INTERVW_ID2**Question:** MRR_FACILITY_ID
Required

Scale Summary		
Code	Label	Show-If
1	Orange Walk Town / Northern Regional Hospital	
2	San Jose Village / Zenobia Meggs Health Center	
3	San Felipe Village / San Felipe Health Center	
4	August Pine Ridge Village / August Pine Ridge Health Center	
5	Guinea Grass Village / Guinea Grass Health Center	
6	Santa Martha Village / Santa Martha Health Post	
7	Carmelita Village / Carmelita Health Post	
8	Lousiana Area, Orange Walk town / Lousiana Health post	
9	Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)	
10	San Lazaro Village / Ignacia Moguel Health Post	
11	San Carlos Village / San Carlos Health Post	
12	Indian Church village / Indian Church Health Post	
13	San Antonio Village / San Antonio Health Post	

14	san Roman Village / San Roman Health Post	
15	Orange Walk Town / Mobile Clinic	
16	Corozal Town / Corozal Community Hospital	
17	San Narciso Village / San Narciso Health Center	
18	Caledonia Village / Caledonia Health Center	
19	Libertad Village / Libertad Health Center	
20	Sarteneja Village / Sarteneja Health Center	
21	Progreso Village / Progreso Health Center	
22	Chunox Village / Chunox Health Post	
23	Concepcion Village / Concepcion Health Post	
24	San Joaquin Village / San Joaquin Health Post	
25	Xaibe Village / Xiabe Health Post	
26	Chan Chen Village / Chan Chen Health Post	
27	Corozal Town / Mobile Clinic	
28	Belmopan City / Western Regional Hospital	
29	Belmopan City / Belmopan Health Center	
30	Valley of Peace Village / Valley of Peace	
31	Cotton Tree Village / Cotton Tree Health post	
32	St Matthews Village / St Matthews Health Post	
33	Franks Eddy Village / Franks Eddy Health Post	
34	Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)	
35	Belmopan City / Mobile Clinic	
36	San Ignacio / San Ignacio Community Hospital	
37	Benque Viejo Del Carmen / Mopan Clinic	
38	Georgeville / Georgeville Health Center	
39	San Antonio Village / San Antonio Health Post	
40	San Ignacio / Mobile Clinic	
99	Other	



1. Facility ID:

- ☐ Orange Walk Town / Northern Regional Hospital
- ☐ 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
- ☐ 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
- ☐ 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
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- ☐ Belmopan City / Belmopan Health Center
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- ☐ Georgeville / Georgeville Health Center
- ☐ San Antonio Village / San Antonio Health Post
- ☐ San Ignacio / Mobile Clinic
- ☐ Other

Auto Page Break

Question: MRR_FAC_ID

Required

Show if: (MRR_FACILITY_ID = 99:[Other])



2. Facility ID:

Question: MRR_DATE

Required



3. Date:

 (DD/MM/YYYY)

Question: MRR_INTERVW_ID1

Required



4. Interviewer ID 1:

Question: MRR_INTERVW_ID2



5. Interviewer ID 2:

Page Break

Collection: MRR_DIARRHEA

Contains: NEO_DIAR_ADM_DATE, NEO_DIAR_ADM_TIME, NEO_DIAR_GENDER, NEO_DIAR_MAN, MRR_DIAR_DIS_DATE, MRR_DIAR_DIS_TIME


Management of diarrhea

Please select medical chart of children 0-59 months who had diarrhea in the last 2 weeks

Question: NEO_DIAR_ADM_DATE

Required

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	


 6. Please record date of admission

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

Question: NEO_DIAR_ADM_TIME

Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	


 7. Please record hour of admission

- ☐ Time: (HH:MM)
- ☐ Not recorded

Question: NEO_DIAR_GENDER

Required

Scale Summary		
Code	Label	Show-If
1	Boy	
2	Girl	
-1	Not recorded	

 8. Gender of the child

- ☐ Boy
- ☐ Girl
- ☐ Not recorded

Question: NEO_DIAR_MAN

Minimum checks: 1

 9. What treatment was prescribed? (Select all the apply)

- ☐ ORS provided
- ☐ IV rehydration therapy
- ☐ Zinc
- ☐ Other
- ☐ Not recorded

Question: MRR_DIAR_DIS_DATE
Required

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	



10. Date of discharge

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

Question: MRR_DIAR_DIS_TIME
Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	



11. Hour of discharge

- ☐ Time: (HH:MM)
- ☐ Not recorded

Page Break

Collection: VACCINES**Contains:** MRR_LBW_VACCINES, MRR_VACCINES**Question:** MRR_LBW_VACCINES**Required****Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	



12. Please check if information about vaccines are recorded?

☐ Yes☐ NoAuto Page Break

Question Block: MRR_VACCINES

Contains: MRR_VACCINES_BCG, MRR_VACCINES_PENTA, MRR_VACCINES_POLIO, MRR_VACCINES_DPT, MRR_VACCINES_MMR, MRR_VACCINES_HEPB, MRR_VACCINES_ROTA, MRR_VACCINES_PNEUM

Required

Show if: (MRR_LBW_VACCINES = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes; number of times:	
0	No	



13. 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"/>

Page Break

Question: COMMENT_DIARRHEA
Required



14. Enter relevant comments about this survey

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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