

ISERDD & The World Bank: Participation Observation Form

Clinic ID

IA. Patient New

Repeat

IB. Age: U5

Young

MA

Old

IC. Gender Male

Female

ID. Practitioner Name

II. Presenting With

| Fever | Cough | Cold | Pain | Location of Pain | Diarrhea | Weakness | Other | # Days |
|-------|-------|------|------|------------------|----------|----------|-------|--------|
| | | | | 1. | | | 1. | |
| | | | | 2. | | | 2. | |
| | | | | 3. | | | 3. | |

III. Number of History Questions

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| F | V | S | Tally Marks | | | E | F | CP | Total |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diarrhea | | | | | | Fever/Cold/Cough | | | |

IV.a : Physical Examination Yes No

IV.b. Type of Physical Examinations (note below)

| Stethoscope | BP Apparatus | Checked Fever | | Palpitation | Pulse | Other |
|-------------|--------------|---------------|-------------|-------------|-------|-------|
| | | Hand | Thermometer | | | |
| | | | | | | 1. |
| | | | | | | 2. |

V. Tests Ordered? Yes No

VI.c. Instructions Given? Yes No

VI.a. Treatment Given? Yes No

VI.d. F/U Instructions Given? Yes No

VI.b. Written documents? Yes No

VI.e. Referred Elsewhere? Yes No

VII. Treatment

| Tablet/Injection | T/I | Dosage | Injections (record Yes or No under each column) | | | IV (record Yes/No under each column) | | | Other |
|------------------|-----|--------|-------------------------------------------------|---------|------|--------------------------------------|---------|------|-------|
| | | | Given | Sterile | Ask? | Given | Sterile | Ask? | |
| 1. | 1. | 1. | | | | | | | 1. |
| 2. | 2. | 2. | | | | | | | 2. |
| 3. | 3. | 3. | | | | | | | 3. |

VIII. Total Time Hours Minutes

Surveyor

IX. Fees Charged

Date