H. Checklists

Assessment of Quality of Growth Monitoring in Anganwadis/ Bal Suraksha Diwas

Name of village:  
Name of Service Provider:  
Observer:  
Date: 

1. Did the Anganwadi Worker ask the age of the child from the person accompanying the child for growth monitoring?  

2. Did she record the age correctly?  

3. Did she have growth charts?  

4. Did she have a working Salter's scale (for 0-1 years) & bathroom scale (for > 1 year up to 3 years)?  

5. Were the weighing machines in proper condition?  

6. Did she look for zero error in both the scales before weighing?  

7. Did she remove the child's extra garments and shoes before weighing?  

8. For 0-1 year aged children, look for the following;  
   a) Was the Salter's scale suspended correctly from a firm support?  
   b) Was the weighing bag (to suspend the child) in proper condition?  
   c) Was the child suspended from the scale correctly?  
   d) Was the reading noted correctly (nearest to 100 grams)?  

9. For > 1 year up to 3 years aged children, look for the following;  
   a) Was the bathroom scale placed on a flat surface?  
   b) Was the child placed correctly on the scale?  
   c) Was the weight recorded correctly?
10. Was the weight marked correctly on the growth chart?  
   □ Yes  □ No

11. Was it connected to the previous growth point?  
   □ Yes  □ No

12. Did the AWW inform the person accompanying the child regarding the current status of the child?  
   □ Yes  □ No

13. Did she inform the date for next weighing?  
   □ Yes  □ No

14. Did she refer malnourished children for medical attention?  
   □ Yes  □ No

15. Did she follow the children who had not come for growth monitoring on the previous date?  
   □ Yes  □ No

16. Did she ask the mother if she understood how to take proper care of her child and ensure proper nutrition?  
   □ Yes  □ No

17. Did she ask if the person accompanying the child had any questions?  
   □ Yes  □ No

18. Did she arrange for counselling of mothers of malnourished children / underweight children, and motivating them to accompany their children for growth monitoring?  
   □ Yes  □ No
Checklist for Assessment of Quality of Immunisation in PHC/Subcentre/ Bal Suraksha Diwas

Name of PHC/village: 
Name of Service Provider: ANM: 
Observer: 
Date: 

1. Is the day and time of immunisation clearly displayed outside the PHC? [ ] Yes [ ] No
2. Is there adequate waiting space for the clients? [ ] Yes [ ] No
3. Is the waiting area sheltered from weather conditions? [ ] Yes [ ] No
4. Is drinking water available for the clients while waiting? [ ] Yes [ ] No
5. Is IEC material properly displayed in the immunisation room? [ ] Yes [ ] No
6. Did the ANM determine what immunisations are needed? [ ] Yes [ ] No
7. Did she wash her hands before the immunisation session? [ ] Yes [ ] No
8. Did she check the label for correct vaccine & expiry date? [ ] Yes [ ] No
9. Did she use a sterile needle and syringe for each injection? [ ] Yes [ ] No
10. Did she use chittle forceps to take out sterile needles and syringes from the autoclaved drum? [ ] Yes [ ] No
11. Did she load the syringe properly? [ ] Yes [ ] No
12. Did she maintain cold chain in between? [ ] Yes [ ] No
13. Did she prepare the area for injection? [ ] Yes [ ] No
14. Did she give vaccine at the right level? (BCG- i.d., Measles – s.c., DPT/TT – i.m.) [ ] Yes [ ] No
15. Did she dispose the needle and syringe properly? [ ] Yes [ ] No
16. Did she give all vaccinations needed on the same day? [ ] Yes [ ] No
17. Did she recommend vaccination for sick children? [ ] Yes [ ] No
18. Did she provide Paracetamol tablets for children having fever? [ ] Yes [ ] No
19. Did she record vaccination on the child’s health card? [ ] Yes [ ] No
20. Did she record it in her register? [ ] Yes [ ] No
21. Did she inform the mother about the following;  
a) Current status of the child’s vaccination, [ ] Yes [ ] No  
b) Possible side effects of vaccination, [ ] Yes [ ] No  
c) When to return for next vaccination? [ ] Yes [ ] No
22. Did she ask if the mother had any questions? [ ] Yes [ ] No
Checklist for Assessment of Quality of Ante Natal Care in PHC/Subcentre/ Bal Suraksha Diwas

Name of PHC/village: 
Name of Service Provider (ANM): 
Observer: 
Date: 

1. Type of Patient: Primi / Multi gravid

2. Nature of visit: First / Repeat

3. Did the ANM check the mother baby card of all pregnant women? [ ] Yes [ ] No

4. a) If first visit-
   i) Did the ANM enquire about the history of present pregnancy? [ ] Yes [ ] No
   ii) (Age of the woman, LMP, complaints) [ ] Yes [ ] No

   b) Did she ask the obstetric history (in multigravida)? (Last delivery, no. of previous pregnancies with outcome, complications, H/o Breastfeeding). [ ] Yes [ ] No

   c) Did she ask for risk factors? (Bleeding per vaginum, burning micturition, foul smelling vaginal discharge, diabetes, cardiovascular disease, renal problems) [ ] Yes [ ] No

   d) Did she examine blood for hemoglobin and urine for sugar or instructed for the same? [ ] Yes [ ] No

   e) Did she refer the woman for blood grouping? [ ] Yes [ ] No

   f) Did she calculate & inform EDD? [ ] Yes [ ] No

5. If repeat visit-
   a) Did the ANM review obstetric record? [ ] Yes [ ] No

   b) Did she ask for risk factors? [ ] Yes [ ] No

   c) Did she test urine for sugar? [ ] Yes [ ] No

6. Did she enquire about the history of treatment? (Including Inj. TT & IFA tablets). [ ] Yes [ ] No
7. Did she examine for
   a) Anaemia
   b) Edema
   c) Record weight
   d) Record B.P.

8. Did she perform?
   a) Abdominal examination
   b) Breast examination

9. Did she do the following: -
   a) Immunise with Inj. TT (if not given earlier) as per schedule?
   b) Use a separate sterile needle and syringe for giving the injection?
   c) Give 100 tablets of IFA as per schedule?
   d) Motivate and counsel the pregnant women to take the IFA tablets?
   e) Advise regarding diet & nutrition?
   f) Advise regarding danger signs?

10. Did the ANM treat or refer the woman for pregnancy related complaints?

11. Did she refer high-risk patients for medical attention?

12. Did she give appointment for next visit?

13. Did she advise regarding family planning methods (during late pregnancy)?

14. Did she inform the woman about the use of Disposable Delivery kit for delivery (During late pregnancy)?

15. Did she ask if the pregnant woman had any question?

16. Did the ANM know about –
   a) Complications of pregnancy?
   b) At least two conditions for referral of pregnant woman?
   c) The nearest referral facility / First Referral Unit (FRU)?
Checklist to Assess Service Quality by PHC Medical Officer

Name of PHC: :-
Name of Service Provider (MO): :-
Observer: :-
Date: :-

**OPD Services:**

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<tr>
<td>1. Did the M.O. enquire about the chief complaints?</td>
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<td>2. Did s/he ask the history of present illness?</td>
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<td>3. Did s/he ask the relevant past history?</td>
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<td>4. Did s/he conduct general physical examination and assess vital signs?</td>
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<td>5. Did s/he conduct systemic examination?</td>
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<td>6. Did s/he order investigations to confirm diagnosis?</td>
<td>☐</td>
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<td>7. Did s/he write to provisional diagnosis?</td>
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<td>8. Did s/he explain the prescription to the patient?</td>
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<td>9. Did s/he give health education to the patient?</td>
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<td>10. Did s/he ask if the patient had any question?</td>
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<td>11. Did s/he give the next appointment?</td>
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<td>12. Did s/he refer the patient for specialist care?</td>
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Training:

13. Did s/he organise training of Dais, AWW & ANM?  
   
14. Did s/he participate in training process?  
   
15. Did s/he evaluate the outcome of training?  
   Supervision (During visit to MCH clinic / Sub-Centre Clinic / Monthly meet)  
   
16. Did s/he check the records of the ANM?  
   
17. Did s/he check the FP records?  
   
18. Did s/he comment on the records?  
   
19. Did s/he discuss if the ANM had any problems?  
   
20. Did s/he assess the outcome of activities in the community?  
   
21. Did s/he organise and attend staff meetings with a definite agenda?  
   
22. Did s/he make recommendations based on the proceedings of meetings?
Checklist to Assess Service Quality of Private Practitioner

Health Facility
Name of Practitioner
Observer
Date

1. Is the waiting space adequate?☐☐
2. Is the waiting space sheltered from weather conditions?☐☐
3. Is there drinking water available?☐☐
4. Is there electricity available?☐☐
5. Is there general cleanliness at the facility?☐☐
6. Is there a screened area for examining patients?☐☐
7. Is IEC material adequately displayed in the OPD room as well as waiting area?☐☐
8. Did the doctor ask for the chief complaints of the patients?☐☐
9. Did s/he ask the history of present illness?☐☐
10. Did s/he ask the history of past illness?☐☐
11. Did s/he ask the complete history?☐☐
12. Did s/he have a working BP apparatus, Stethoscope and Weighing Machine for the patients?☐☐
13. Did s/he examine:
   a. Pulse☐☐
   b. B.P.☐☐
   c. RR☐☐
   d. Temperature☐☐
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<td>e.</td>
<td>Eyes for pallor, jaundice</td>
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<td>f.</td>
<td>Lymph nodes?</td>
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<td>Did s/he auscultate?</td>
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<tr>
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<td>b.</td>
<td>CVS</td>
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<td>15.</td>
<td>Did s/he perform abdominal examination?</td>
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<td>16.</td>
<td>Did s/he write the provisional diagnosis?</td>
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<td>Did s/he order investigations to confirm the diagnosis?</td>
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<td>Did s/he wash hands after examining the patient?</td>
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<td>Is an antiseptic lotion available for hand wash?</td>
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<td>Did s/he explain the prescription to the patient?</td>
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<td>21.</td>
<td>Did s/he provide health education to needy patients?</td>
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<td>Did s/he provide nutritional counselling, if indicated?</td>
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<td>23.</td>
<td>Did s/he confirm if the patient understood the messages?</td>
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<td>24.</td>
<td>Did s/he discuss if the patient had any questions?</td>
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<td>25.</td>
<td>Did s/he refer the patients beyond his / her competence for specialist care?</td>
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<td>26.</td>
<td>Did s/he give appointment for next visit?</td>
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<td>27.</td>
<td>Does s/he maintain records for the patients?</td>
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Checklist for Service Delivery Centre for Primary Health Centre

Name of the Centre :-
Name of Respondent :-
Designation :-
Date of Interview :-
Name of Interviewer :-
Signature of Interviewer :-

(Please Reply in Yes-1, NO-2)

1. Are clinic timings displayed clearly in the local language outside? ☐ ☐

2. Does the key service provider stay at centre? ☐ ☐

3. Waiting area:
   a) Is the area sheltered from weather conditions (sun/rain)? ☐ ☐
   b) Is there adequate seating space for clients while waiting? ☐ ☐
   c) Is drinking water available for clients while waiting? ☐ ☐

4. Counselling & examination room
   a). Is there adequate privacy for client?
      i) Is there a screen available? ☐ ☐
      ii) Are their curtains available? ☐ ☐
   b). Is electricity available? ☐ ☐
   c). Is running water available? ☐ ☐
   d). Is there at least one toilet for clients and outdoor patients? ☐ ☐

If yes,
   i) Does it appear clean? ☐ ☐
   ii) Does it have adequate water supply? ☐ ☐

  e). Does the examination room have the following items?
     i) Examination table ☐ ☐
     ii) BP instrument ☐ ☐
iii) Stethoscope  
iv) Speculums  
v) Antiseptic solution  
vi) Gloves  
vii) Source of light  

f. Does the examination room appear clean?  
(see if there are flies and dust)

5. Intra Uterine Contraception Device (IUCD) insertion room
   a) Is the IUD insertion room being used exclusively for IUCD insertion only?  
   b) Is the floor of the room washable?  

6. Operation theatre (OT)
   a) Floor Pukka (Cement /tile)?  
   b) Washable floor?  
   c) Washable walls?  
   d) Is dust present in the OT?  
   
   *(Instruction: Run your finger on following 3 surfaces far corner, floor away from door or window slate, floor under instrument/operation table)*
   
   e) Are there flies present in the OT?  
   f) Are windows kept open or cannot be closed?  
   g) Is electricity present?  
   h) Is an inverter or generator available for standby power?  
      i) Scrub room /Hand washing area?  
      ii) Is running water present?  
      iii) Is there a wash basin/sink?  
      iii) Is the tap elbow /foot operated?  
   j) Sterilisation  
      i) Is a functional autoclave present?  
      ii) Is a steriliser present?  
      iii) Are autoclave drums present?  
   k) Are the following equipment/supplies present in the OT?  
      i) Number of operating tables?  
      ii) Functional Boyle’s apparatus
iii) Source of light
   Functioning pedestal Lamp-1, Shadow less Lamp-2, Torch Emergency light -3
iv) Instrument trolley
v) Blood Pressure (BP) aratus
vi) Stethoscope
vii) Ambu bag with its connection
viii) Laryngoscope
ix) Suction Machine
x) Oxygen cylinder with key and flowmeter
xi) Antiseptic solution tube
xii) Adequate linen

7. Stores, supplies and inventories
   a) Is there a clean and dry store for contraceptives and other supplies?
   b) Is it protected from sun/rain/pests (rats)?
   c) Is storage space adequate?
   d) Is the stock register maintained?

8. Lab equipments
   a) Are the following items available in functioning condition?
      1) Haemoglobinometer
      2) Spirit lamp
      3) Test tubes
      4) Benedict's reagents
      5) RPR test kits
      6) Grams stain
      7) Distilled water
      8) Autoclave
      9) Saffarin
      10) Cider wood oil
      11) Normal saline
      12) Microscope
      13) Refrigerator
b) Is there a person to perform the following tests at this facility?
   i) Haemoglobin
   ii) Urine albumin
   iii) Urine sugar

9. Cold chain equipment’s
   a) Ice Lined Refrigerator
   b) Deep Freezer
   c) Vaccine Carrier
   d) Generator /Alternative to power supply
   e) Neonatal Care /Baby warmer

10. a) Are the following Information Education and Communication (IEC) materials available at the centre?

<table>
<thead>
<tr>
<th></th>
<th>Available</th>
<th>Not available</th>
<th>Displayed at adequate place</th>
<th>Not Displayed</th>
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<tbody>
<tr>
<td>1. Wall charts</td>
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<td>2. Booklets</td>
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<td>3. Pamphlets</td>
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<td>4. Models</td>
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<td>5. Flip books</td>
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b) Does this centre have Audio /Video equipments? Yes/ No/out of order
   i) Audio
   ii) Video

11. Are the following services regularly available at the centre?
   a) IUCD insertion
   b) Medical Termination of Pregnancy (MTP)
   c) Services for RTI/S.T.D.
   d) Immunisation of children
   e) Natal Care
   f) Basic emergency obstetric care
12. Record Keeping

No. of records  (Available —1, Not available—2) (Maintained properly—1, Not maintained—2)

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<tr>
<th>Instruction check for printed format</th>
<th>Available</th>
<th>Not available</th>
<th>Maintained</th>
<th>Not maintained</th>
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<tr>
<td>Eligible Couple Register (ECR)</td>
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<tr>
<td>Service Delivery Register (SDR)</td>
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<td>Monthly progress Report (MPR)</td>
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<tr>
<td>Stock Register</td>
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13. Whether the Centre has the Quality assurance Standards for health care Delivery? Yes/No

14. Infection control (Please describe)

a) How disposal items are collected?

b) Is it separated out?

c) What is the method of disposal?
   i) Dumping
   ii) Chemical infusion
   iii) Burning in open Air
   iv) Other ——— (Specify)
Checklist for Service Delivery Centre for Sub-Centre

Name of the Sub-centre village
Name of Respondent
Designation
Date of Interview
Name of Interviewer
Signature of Interviewer

(Please Reply in Yes-1, NO-2)

1. Are clinic timings displayed clearly in the local language outside?

2. Does the key service provider (MPW female) stay at the centre?

3. Waiting area:
   a) Is the area sheltered from weather conditions (sun/rain)?
   b) Is there adequate seating space for clients while waiting?
   c) Is drinking water available for clients while waiting?

4. a) Is electricity available?
   b) Is running water available?
   c) Does the examination room have the following items?
      i) Examination table
      ii) BP instrument
      iii) Stethoscope
      iv) Speculums
      v) Antiseptic solution
      vi) Gloves
      vii) Source of light
   d) Does the examination room appear clean?
      (See if there are flies and dust)
5. Floor of the subcentre
   a) Pukka Floor (Cement/tile)?
   b) Washable floor?
   c) Washable walls?
   d) Is dust present in the subcentre?

(INS: Run your finger on following 3 surfaces- far corner, floor away from door or window slate, floor under instrument/operation table)
   e) Are there flies present in the subcentre?
   f) Are windows kept open or cannot be closed?
   g) Is electricity present?

6. Are deliveries conducted at the subcentre?

7. If yes, how many days back was the last delivery conducted?
   ________ days

8. Is the supply of vaccines adequate?

9. What are the problems with the supply of vaccines? Please describe_____________________________

                        _____________________________

10. Is the equipment for the sterilisation of needles functional?

11. What are the days for immunisation in the villages under your subcentre? open ended
    1)
    2)
    3)

12. Stores, supplies and inventories
   a) Is there a clean and dry store for contraceptives and other supplies?
   b) Is it protected from sun/rain/pests (rats)?
   c) Is storage space adequate?
   d) Do they maintain the stock register
8. Lab equipments
   a) Are the following items available in functioning condition?
      1) Haemoglobinometer
      2) Spirit lamp
      3) Test tubes
      4) Benedicts reagents
   b) Is there a person to perform the following tests at this facility?
      i) Haemoglobin
      ii) Urine albumin
      iii) Urine sugar

9. Cold chain equipment’s
   a) Vaccine Carrier
   b) Baby warmer
   c) Weighing machine

10. a) Are the following IEC materials available at the centre?
      | Available | Not available |
      | Displayed at adequate place | Not Displayed |
      1. Wall charts
      2. Booklets
      3. Pamphlets
      4. Flip books

11. Are the following services regularly available at the centre?
    (Exclude FP camps conducted at the clinic)
    a) IUCD insertion
    b) Services for RTI/S.T.D.
    c) Immunisation of children
    d) Natal Care
    e) Basic emergency obstetric care
12. Record Keeping

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No. of records (Available –1, Not available-2) (Maintained properly-1, Not maintained—2)

Yes       No

13. Whether the Centre has the Quality assurance Standards for health care Delivery? Yes/No

   Yes       No

14. Infection control (Please describe)

   a) How disposal items are collected?

   b) Is it separated out?  
      Yes       No

   c) What is the method of disposal?

      i) Dumping  
         Yes       No

      ii) Chemical infusion  
         Yes       No

      iii) Burning in open Air  
         Yes       No

      iv) Other ————(Specify)  
         Yes       No
Checklist for Assessment of Quality of OPD Services in Community Ownership Health Programme

Name of Village: 

Name of Service Provider: Medical Officer (M.O.):

Observer: 

Date: 

1. Is the day and time of OPD clearly displayed outside the clinic? [ ] Yes [ ] No

2. Is the waiting area for patients adequate? [ ] Yes [ ] No

3. Is there provision of drinking water for the patients? [ ] Yes [ ] No

4. Is there a toilet available for the patients? [ ] Yes [ ] No

5. Is there a separate space / screen for examining the patients to ensure privacy? [ ] Yes [ ] No

6. Is IEC material available in the clinic? [ ] Yes [ ] No

7. Is it properly displayed? [ ] Yes [ ] No

8. Is the following equipment available in working condition?
   a) Stethoscope [ ] Yes [ ] No
   b) BP instrument [ ] Yes [ ] No
   c) Weighing machine [ ] Yes [ ] No

9. Did the service provider (M.O.) enquired about the chief complaints? [ ] Yes [ ] No

10. Did s/he ask the present and past history? [ ] Yes [ ] No

11. Did s/he determine the complete history related to the condition of the patient? [ ] Yes [ ] No

12. Did s/he check vital signs? (BP, Pulse, RR, Temperature) [ ] Yes [ ] No

13. Did s/he conduct a related local examination? [ ] Yes [ ] No

14. Did s/he conduct a related systemic examination? [ ] Yes [ ] No
15. Did s/he write a provisional diagnosis? □ □
16. Did s/he order any diagnostic or preliminary test? (Laboratory tests, X-rays etc.) □ □
17. Did s/he explain the prescription thoroughly? □ □
18. Did s/he give related dietary instructions? □ □
19. Did s/he give health education? □ □
20. Did s/he give appointment for next visit? □ □
21. Was antiseptic solution bowl available for the M.O. to clean hands after examination of patients? □ □
22. Was the M.O. aware of the conditions which needed referral to a higher centre / specialist care? □ □
23. Did s/he ask if the patient had any questions? □ □
24. Time – In
    Time – Out