

I. CLINICAL HUMAN RESOURCE (IF NO RECORD O)

Q.NO	PERSONNEL	IN POSITION	ON CONTRACT	IF NOT FILLED, SINCE HOW LONG SPECIFY DURATION IN MONTHS AND IF MORE THAN 99 MONTHS CODE 99)
1.1	General Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
1.2	Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
1.3	Obstetrician /Gynecologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
1.4	Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
1.5	Anesthetist/ trained MO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
1.6	Public Health Programme Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
1.7	Eye surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
1.8	General Medical Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
1.9	Other specialist _____ _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	

II. SUPPORT HUMAN RESOURCE

Q. NO.	PERSONNEL	IN POSITION	ON CONTRACT	IF NOT FILLED, SINCE HOW LONG (SPECIFY DURATION IN MONTHS AND IF MORE THAN 99 MONTHS CODE 99)
2.1	Public Health Nurse (PHN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.2	Auxiliary Nurse Midwife (ANM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.3	Staff Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.4	Nurse/ Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.5	Dresser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.6	Pharmacist/ Compounder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.7	Lab. Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.8	Radiographer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.9	Ophthalmic Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.10	OPD Attendant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.11	Statistical Assistant/Data Entry Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.12	OT Attendant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.13	Registration Clerk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.14	Class IV Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
2.15	Any other _____ _____ (SPECIFY)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
2.16	Is at least one staff nurse/LHV/ANM at CHC available round the clock?	YES.....1 NO.....2		
2.17	Are Gynecologist and Anesthetist /Trained Anesthetist available on call in case of emergency?	A. GYNAECOLOGIST YES1 NO2		B. ANAESTHETIST YES1 NO.....2

**III.A. TRAINING FOR MEDICAL OFFICER (MO) DURING LAST FIVE YEARS/EVER
(IF TRAINING NOT RECEIVED IN THE LAST FIVE YEARS ASK EVER RECEIVED THE TRAINING)**

Q. NO.	TYPE OF TRAINING	NUMBER OF MO TRAINED	
		LAST 5 YEARS	EVER
3.1.	Non Scalpel Vasectomy(NSV) training	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Minilaprotomy training	<input type="checkbox"/>	<input type="checkbox"/>
3.3	HIV/AIDS Prevention, Care and Support training	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Emergency Obstetric Care(including C-Section) training	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Newborn Care training	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Basic Emergency Obstetric Care training	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Integrated Management of Neonatal and Childhood Illnesses training	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Medical Termination Of Pregnancy (MTP) training	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Any Other training _____ _____ (SPECIFY)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**III.B.TRAINING FOR PARA MEDICAL STAFF DURING LAST FIVE YEARS/EVER
(IF TRAINING NOT RECEIVED IN THE LAST FIVE YEARS ASK EVER RECEIVED THE TRAINING)**

	TYPE OF TRAINING	NUMBER OF PERSONS TRAINED	
		LAST 5 YEARS	EVER
3.10	Reproductive Tract Infection /Sexually Transmitted Infection (RTI/STI) training	<input type="checkbox"/>	<input type="checkbox"/>
3.11	Blood grouping and cross matching training	<input type="checkbox"/>	<input type="checkbox"/>
3.12	Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training	<input type="checkbox"/>	<input type="checkbox"/>
3.13	Skilled Birth Attendant training	<input type="checkbox"/>	<input type="checkbox"/>
3.14	Electro Cardiogram (ECG) training	<input type="checkbox"/>	<input type="checkbox"/>
3.15	Ultra Sound training	<input type="checkbox"/>	<input type="checkbox"/>
3.16	Any Other _____ _____ _____ (SPECIFY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

IV. INVESTIGATIVE FACILITY. (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY)

Q.NO.	FACILITY	AVAILABLE	FUNCTIONAL
4.1	ECG facility	YES.....1 NO.....2	YES.....1 NO.....2
4.2	X- Ray facility	YES.....1 NO.....2	YES.....1 NO.....2
4.3	Ultrasound facility	YES.....1 NO.....2	YES.....1 NO.....2

V. PHYSICAL INFRASTRUCTURE

Q. NO.	A. LOCATION	
5.1	Where is the CHC located?	WITHIN THE BLOCK HEAD QUARTER.....1 → Skip to Q5.3 FAR FROM THE BLOCK HEAD QUARTER.....2
5.2	What is the distance of CHC from Block Head Quarter?	KMs..... <input type="text"/> <input type="text"/> <input type="text"/>
B. BUILDING		
5.3	Is a designated government building available for the CHC?	YES.....1 → Skip to Q5.5 NO.....2
5.4	If NO, then where is the CHC located?	RENTED PREMISES.....1 OTHER GOVERNMENT BUILDING.....2 ANY OTHER _____3 (SPECIFY)
5.5	Since when this CHC is functioning from this building?	YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.6	Compound Wall / Fencing	ALL AROUND.....1 PARTIAL.....2 NONE.....3
5.7	RATE THE CLEANLINESS (RECORD BY OBSERVATION)	CLEANLINESS
I	OPD cleanliness	GOOD1 FAIR2 POOR ...3
II	Rooms cleanliness	GOOD1 FAIR2 POOR ...3
III	Wards cleanliness	GOOD1 FAIR2 POOR ...3
IV	Premises (compound) cleanliness	GOOD1 FAIR2 POOR ...3
C. WATER SUPPLY		
5.8	What is the main source of water supply?	PIPED.....1 BOREWELL/ TUBEWELL.....2 HANDPUMP.....3 WELL.....4 OTHER.....5 NO WATER SUPPLY.....6 ↓ Skip to Q 5.12
5.9	Is water supply available for 24 hours at CHC?	YES.....1 NO.....2 ↓ Skip to Q5.12
5.10	Is regular water supply in OT?	YES.....1 NO.....2
5.11	Is regular water supply in labor room?	YES.....1 NO.....2

D. ELECTRICITY																										
5.12	Is there power supply in all parts of the CHC?	IN ALL PARTS.....1 IN SOME PARTS.....2 NONE.....3 → Skip to Q5.15																								
5.13	Is three phase connection available?	Yes.....1 No.....2																								
5.14	Is there regular power supply?	CONTINUOUS POWER SUPPLY.....1 OCCASIONAL POWER FAILURE.....2 POWER CUTS IN SUMMER ONLY.....3 REGULAR POWER CUTS.....4																								
5.15	Is there stand by facility (generator) available in working condition at CHC?	YES.....1 NO.....2																								
E. TOILET FACILITIES																										
5.16	Is functional toilet facility available?	YES.....1 NO.....2 → Skip to Q5.18																								
5.17	Is there separate toilet facility for males and females?	COMMON TOILET.....1 SEPARATE TOILET.....2																								
F. LAUNDRY FACILITIES																										
5.18	Is laundry facility available at CHC?	YES.....1 → Skip to Q5.20 NO.....2																								
5.19	If no, is it outsourced?	YES.....1 NO.....2																								
G. COMMUNICATION FACILITIES																										
5.20	Is telephone facility available in the CHC? (IF 'YES' NOTE DOWN CONTACT NUMBER)	YES...1 NO...2 → Skip to Q5.22 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																								
5.21	Whether CHC has intercom facility?	YES.....1 NO.....2																								
5.22	Whether CHC has Personal Computer?	YES.....1 NO...2 → Skip to Q.5.25A																								
5.23	Is NIC Terminal available at CHC?	YES.....1 NO.....2																								
5.24	Is access to internet facility available at CHC?	YES.....1 NO.....2																								
5.25A	If Computer is not there, are you outsourcing for data compilation and tabulation work?	YES.....1 NO.....2																								
H. WASTE DISPOSAL																										
5.25B	How waste is disposed? (RECORD ALL MENTIONED)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A). INCINERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B). AUTOCLAVING/MICROWAVING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C). SHREDDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D). NEEDLE AND SYRING DESTROYER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E). ANY OTHER (SPECIFY).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F). NO SPECIFIC FACILITY.....</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>G). OUT SOURCING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A). INCINERATOR.....	1	2	B). AUTOCLAVING/MICROWAVING.....	1	2	C). SHREDDER	1	2	D). NEEDLE AND SYRING DESTROYER.....	1	2	E). ANY OTHER (SPECIFY).....	1	2	F). NO SPECIFIC FACILITY.....	1		G). OUT SOURCING.....	1	2
	YES	NO																								
A). INCINERATOR.....	1	2																								
B). AUTOCLAVING/MICROWAVING.....	1	2																								
C). SHREDDER	1	2																								
D). NEEDLE AND SYRING DESTROYER.....	1	2																								
E). ANY OTHER (SPECIFY).....	1	2																								
F). NO SPECIFIC FACILITY.....	1																									
G). OUT SOURCING.....	1	2																								

H. VEHICLES			
5.26		NO. OF VEHICLES	
		AVAILABLE	ON ROAD
I.	1. Ambulance	<input type="text"/>	<input type="text"/>
II.	2. Jeep	<input type="text"/>	<input type="text"/>
III.	3. Car	<input type="text"/>	<input type="text"/>
Skip to Q5.28			
5.27	Why vehicles are not on road? 1.Driver not available 2. Money for POL not available 3. Money for repair not available	<p style="text-align: right;">YES NO</p> <p>A). DRIVER NOT AVAILABLE...1 2</p> <p>B). NO MONEY FOR POL.....1 2</p> <p>C). NO MONEY FOR REPAIR...1 2</p>	
5.28	Does the CHC have access to vehicle for transporting patients during emergency?	YES.....1	NO.....2
I. RESIDENTIAL FACILITY FOR THE MEDICAL STAFF			
Q. NO.	PERSONNEL	AVAILABLE	WHETHER STAYING IN QUARTER
5.29	General Surgeon	YES....1 NO.....2	YES.....1 NO.....2
5.30	Physician	YES....1 NO.....2	YES.....1 NO.....2
5.31	Obstetrician /Gynecologist	YES....1 NO.....2	YES.....1 NO.....2
5.32	Pediatrician	YES....1 NO.....2	YES.....1 NO.....2
5.33	Anesthetist	YES....1 NO.....2	YES.....1 NO.....2
5.34	Staff Nurse	YES....1 NO.....2	YES.....1 NO.....2
5.35	<p>CHECK.Q.NO1.3 & .531</p> <p>If quarter is available for Obstetrician /Gynecologist and he/she is not staying in the quarters then:</p> <p>Why Obstetrician /Gynecologist is not staying in quarter?</p>	<p style="text-align: right;">YES NO</p> <p>A). POOR CONDITION OF QUARTER..... 1 2</p> <p>B). NO WATER SUPPLY..... 1 2</p> <p>C). NO ELECTRICITY FACILITY..... 1 2</p> <p>D).LOCATION OF QUARTER IS OUT SIDE VILLAGE..... 1 2</p> <p>E).SPOUSE STAYING IN ANOTHER PLACE..... 1 2</p> <p>F). EDUCATION OF CHILDREN..... 1 2</p> <p>G). SECURITY..... 1 2</p> <p>H). ANY OTHER _____ 1 2</p> <p style="text-align: center;">(SPECIFY)</p>	
Q. NO.	J. OPERATION THEATRE		
5.36	Is Operation Theatre available?	Yes.....1	NO.....2 → Skip toQ5.45
5.37	If yes, are surgeries carried out in the operation theatre?	YES.....1 → Skip toQ5.40	NO.....2
5.38	Since how long surgeries are not carried out? (RECORD MONTHS IF LESS THAN ONE YEAR)	MONTHS.....	<input type="text"/>
		YEARS.....	<input type="text"/>

Q. NO. OPERATION THEATRE		YES	NO
5.39	What are the reasons for not conducting the surgeries? 1.Non-availability of doctors / staff..... 2.Lack of equipment / poor physical state of the operation theatre..... 3.No power supply in the operation theatre..... 4. Any other reason _____ <p style="text-align: center;">(SPECIFY) RECORD ALL MENTIONED</p>	A). NON-AVAILABILITY OF DOCTORS /STAFF.....1 B). LACK OF EQUIPMENT / POOR PHYSICAL STATE OF THE OPERATION THEATRE.....1 C). NO POWER SUPPLY IN THE OPERATION THEATRE.....1 D). ANY OTHER REASON.....1	2 2 2 2
5.40	Is Operation Theatre used for obstetrical / gynecological purpose?	Yes.....1 No.....2	
5.41	Is OT fitted with air conditioner?	Yes.....1 No.....2	→ Skip to Q5.43
5.42	Is air conditioner working?	Yes.....1 No.....2	
5.43	Is back up facility for electricity cut-off available in OT?	Yes.....1 No.....2	
5.44	Is fumigation done regularly? Check Q.NO 5.37	Yes.....1 No.....2	
Q. NO. K. LABOUR ROOM			
5.45	Is Labour room available?	Yes.....1 No.....2	→ Skip to Q5.51
5.46	If labor room is available, are deliveries carried out in the labor room?	Yes.....1 No.....2	→ Skip to Q5.49
5.47	Since how long deliveries are not carried out? (RECORD MONTHS IF LESS THAN ONE YEAR)	MONTHS..... YEARS.....	<input type="text"/> <input type="text"/>
5.48	What are the reasons for not conducting the deliveries? 1. Non-availability of doctors/staff..... 2. Lack of equipment / poor physical state of the Labor Room 3. No power supply in the Labor Room..... 4. Any other reason _____ <p style="text-align: center;">(SPECIFY) RECORD ALL MENTIONED</p>	A). NON-AVAILABILITY OF DOCTORS /STAFF.....1 B). LACK OF EQUIPMENT / POOR PHYSICAL STATE OF THE LABOR ROOM.....1 C). NO POWER SUPPLY IN THE LABOR ROOM.....1 D). ANY OTHER REASON.....1	2 2 2 2
5.49	Whether area embarked as newborn care area is there in the labour room?	YES.....1 NO.....2	
5.50	Whether emergency drug tray is there in the labour room?	YES.....1 NO.....2	

Q. NO.	L. LABORATORY:	
5.51	Is there operational laboratory in the CHC?	YES.....1 NO.....2
5.52	Is Blood Storage Facility there in the CHC?	YES.....1 NO.....2 → Skip to Q 5.54
5.53	Whether Blood Storage Facility is for 24-hour basis?	YES.....1 NO.....2
M. PHYSICAL FACILITY:		
5.54	Are there prominent display boards regarding service availability in local language at CHC? (RECORD BY OBSERVATION)	Yes.....1 No.....2
5.55	Is there separate registration counter in CHC? (RECORD BY OBSERVATION)	YES.....1 NO.....2
5.56	Is there pharmacy for drug dispensing and drug storage at CHC? (RECORD BY OBSERVATION)	YES.....1 NO.....2
5.57	Is any suggestion / complaint box kept at CHC? (RECORD BY OBSERVATION)	YES.....1 NO.....2
5.58	Are there OPD rooms / cubicles at CHC? If YES, Give number.....	YES.....1 NO.....2 ROOM <input type="text"/> CUBICLES <input type="text"/>
5.59	Is separate waiting area in OPD for patients at CHC?	YES.....1 NO.....2
5.60	Is Minor OT in the CHC?	YES.....1 NO.....2
5.61	Is Injection Room and Dressing Room in the CHC?	YES.....1 NO.....2
5.62	Is Emergency Room / Casualty room in the CHC?	YES.....1 NO.....2
5.63	Total Number of beds in CHC	NUMBER..... <input type="text"/> <input type="text"/>
5.64	Are separate wards for males and females there in the CHC?	YES.....1 NO.....2 → Skip to Q5.68
5.65	Number of beds for Male	NUMBER..... <input type="text"/> <input type="text"/>
5.66	Number of beds for Female	NUMBER..... <input type="text"/> <input type="text"/>
5.67	Number of Pediatric beds	NUMBER..... <input type="text"/> <input type="text"/>
5.68	Average days of inpatient stay in CHC	NUMBER..... <input type="text"/> <input type="text"/>

VI. FURNITURE/INSTRUMENT (RECORD FROM REGISTER ASK ABOUT FUNCTIONALITY IF ITEMS ARE AVAILABLE)

Q. NO.	ITEM	AVAILABLE	FUNCTIONAL
6.1	Examination Table	YES.....1 NO.....2	YES.....1 NO.....2
6.2	Delivery Table	YES.....1 NO.....2	YES.....1 NO.....2
6.3	Footstep	YES.....1 NO.....2	YES.....1 NO.....2
6.4	Bed Side Screen	YES.....1 NO.....2	YES.....1 NO.....2
6.5	Stool for patients	YES.....1 NO.....2	YES.....1 NO.....2
6.6	Saline stand	YES.....1 NO.....2	YES.....1 NO.....2
6.7	Wheel chair	YES.....1 NO.....2	YES.....1 NO.....2
6.8	Stretcher on trolley	YES.....1 NO.....2	YES.....1 NO.....2
6.9	Oxygen cylinder with regulator and Mask	YES.....1 NO.....2	YES.....1 NO.....2

Q. NO.	ITEM	AVAILABLE	FUNCTIONAL
6.10	B P Instrument	YES.....1 NO.....2	YES.....1 NO.....2
6.11	Bed side locker	YES.....1 NO.....2	YES.....1 NO.....2
6.12	Dressing trolley	YES.....1 NO.....2	YES.....1 NO.....2
6.13	Instrument cabinet	YES.....1 NO.....2	YES.....1 NO.....2
6.14	Instrument trolley	YES.....1 NO.....2	YES.....1 NO.....2
6.15	Instrument tray	YES.....1 NO.....2	YES.....1 NO.....2

VII. AVAILABILITY OF EQUIPMENTS AT CHC (RECORD FROM REGISTER ASK ABOUT FUNCTIONALITY IF EQUIPMENTS AVAILABLE)

Q. NO.	A. OPERATION THEATER EQUIPMENTS	AVAILABLE	FUNCTIONAL
7.1	Boyles Apparatus	YES.....1 NO.....2	YES.....1 NO.....2
7.2	Cardiac monitor	YES.....1 NO.....2	YES.....1 NO.....2
7.3	Ventilator	YES.....1 NO.....2	YES.....1 NO.....2
7.4	Horizontal high pressure sterilizer	YES.....1 NO.....2	YES.....1 NO.....2
7.5	Vertical high pressure sterilizer 2/3 drum capacity	YES.....1 NO.....2	YES.....1 NO.....2
7.6	Shadow less lamp ceiling track mounted	YES.....1 NO.....2	YES.....1 NO.....2
7.7	Shadow less lamp pedestal for minor OT	YES.....1 NO.....2	YES.....1 NO.....2
7.8	Oxygen Cylinder 660 Ltrs with regulator and Mask	YES.....1 NO.....2	YES.....1 NO.....2
7.9	Nitrous oxide cylinder 1780 Ltrs	YES.....1 NO.....2	YES.....1 NO.....2
7.10	Hydraulic operation table	YES.....1 NO.....2	YES.....1 NO.....2
7.11	Emergency drug tray	YES.....1 NO.....2	YES.....1 NO.....2
Q. NO.	B. DIFFERENT SURGICAL EQUIPMENT		
7.12	IUD Insertion Kit	YES.....1 NO.....2	YES.....1 NO.....2
7.13	Normal Delivery Kit	YES.....1 NO.....2	YES.....1 NO.....2
7.14	Equipment For Neo-Natal Resuscitation	YES.....1 NO.....2	YES.....1 NO.....2
7.15	Standard Surgical Set-I	YES.....1 NO.....2	YES.....1 NO.....2
7.16	Standard Surgical Set-II Instrument	YES.....1 NO.....2	YES.....1 NO.....2
7.17	CHC Standard Surgical Set III	YES.....1 NO.....2	YES.....1 NO.....2
7.18	Standard Surgical Set IV	YES.....1 NO.....2	YES.....1 NO.....2
7.19	Standard Surgical Set V	YES.....1 NO.....2	YES.....1 NO.....2
7.20	Standard Surgical Set VI	YES.....1 NO.....2	YES.....1 NO.....2
7.21	Equipments for Anesthesia	YES.....1 NO.....2	YES.....1 NO.....2
7.22	Equipments for laboratory test and blood transfusion.	YES.....1 NO.....2	YES.....1 NO.....2
7.23	Materials Kit for blood Transfusion	YES.....1 NO.....2	YES.....1 NO.....2
7.24	Equipment For Radiology	YES.....1 NO.....2	YES.....1 NO.....2

Q. NO.	C. LABORATORY EQUIPMENT	AVAILABLE		FUNCTIONAL	
		YES.....1	NO.....2	YES.....1	NO.....2
7.25	Binocular microscope with oil immersion	YES.....1	NO.....2	YES.....1	NO.....2
7.26	Refrigerator	YES.....1	NO.....2	YES.....1	NO.....2
7.27	Stool transport carrier	YES.....1	NO.....2	YES.....1	NO.....2
7.28	Centrifuge	YES.....1	NO.....2	YES.....1	NO.....2
7.29	Rapid Diagnostic Kit for Typhoid	YES.....1	NO.....2	YES.....1	NO.....2
7.30	Rapid test kit for faecal contamination	YES.....1	NO.....2	YES.....1	NO.....2
7.31	Blood culture bottles with broth	YES.....1	NO.....2	YES.....1	NO.....2
7.32	Cold Box	YES.....1	NO.....2	YES.....1	NO.....2
7.33	Rapid Plasma Reagin(RPR) test kits for syphilis	YES.....1	NO.....2	YES.....1	NO.....2
7.34	Kits for ABO blood grouping	YES.....1	NO.....2	YES.....1	NO.....2
7.35	HIV test kits	YES.....1	NO.....2	YES.....1	NO.....2
D. COLD CHAIN EQUIPMENT					
7.36	Walk in cooler	YES.....1	NO.....2	YES.....1	NO.....2
7.37	Walk in freezer	YES.....1	NO.....2	YES.....1	NO.....2
7.38	ILR Large	YES.....1	NO.....2	YES.....1	NO.....2
7.39	ILR Small	YES.....1	NO.....2	YES.....1	NO.....2
7.40	Deep freezer Large	YES.....1	NO.....2	YES.....1	NO.....2
7.41	Deep freezer Small	YES.....1	NO.....2	YES.....1	NO.....2

VIII. AVAILABILITY OF ESSENTIAL DRUGS IN THE CHC(RECORD FROM REGISTER)

Q.NO.	DRUGS	AVAILABLE ON THE DAY OF SURVEY		OUT OF STOCK MORE THAN 10 DAYS DURING LAST MONTH	
		YES.....1	NO.....2	YES.....1	NO.....2
8.1	Antiallergics and drugs used in Anaphylaxis	YES.....1	NO.....2	YES.....1	NO.....2
8.2	Anti Hypertensive	YES.....1	NO.....2	YES.....1	NO.....2
8.3	Anti Diabetics	YES.....1	NO.....2	YES.....1	NO.....2
8.4	Anti Anginal	YES.....1	NO.....2	YES.....1	NO.....2
8.5	Anti Tubercular	YES.....1	NO.....2	YES.....1	NO.....2
8.6	Anti Leprosy	YES.....1	NO.....2	YES.....1	NO.....2
8.7	Anti Filariasis	YES.....1	NO.....2	YES.....1	NO.....2
8.8	Anti Bacterials	YES.....1	NO.....2	YES.....1	NO.....2
8.9	Anti Helminthic	YES.....1	NO.....2	YES.....1	NO.....2
8.10	Anti Protozoal	YES.....1	NO.....2	YES.....1	NO.....2
8.11	Antidots (Antisnake Venom etc.)	YES.....1	NO.....2	YES.....1	NO.....2
8.12	Solutions correcting water and electrolyte imbalance	YES.....1	NO.....2	YES.....1	NO.....2
8.13	Essential Obstetric Care drugs.	YES.....1	NO.....2	YES.....1	NO.....2
8.14	Emergency Obstetric Care Drug	YES.....1	NO.....2	YES.....1	NO.....2
8.15	RTI/STI Drugs under RCH programme	YES.....1	NO.....2	YES.....1	NO.....2

IX. ESSENTIAL SERVICES PROVIDED

I. LABORATORY SERVICES RECORD FROM REGISTER (DURING LAST ONE MONTH)

Q. NO.	SERVICES PROVIDED	NUMBER OF TEST
9.1	Number of Blood grouping test	<input type="text"/> <input type="text"/> <input type="text"/>
9.2	Number of Haemogram (TLC/DLC)	<input type="text"/> <input type="text"/> <input type="text"/>
9.3	Number of test for diagnosis of RTIs/STDs with wet mounting, grams stain, etc.	<input type="text"/> <input type="text"/> <input type="text"/>
9.4	Number of Sputum test for TB	<input type="text"/> <input type="text"/> <input type="text"/>
9.5	Number of Blood smear examination for Malaria Parasite	<input type="text"/> <input type="text"/> <input type="text"/>
9.6	Number of Urine test (Routine culture/sensitivity/Microscopy)	<input type="text"/> <input type="text"/> <input type="text"/>
9.7	Number of Rapid test for pregnancy	<input type="text"/> <input type="text"/> <input type="text"/>
9.8	Number of Rapid Plasma Reagin (RPR) test for syphilis	<input type="text"/> <input type="text"/> <input type="text"/>
9.9	Number of test for HIV	<input type="text"/> <input type="text"/> <input type="text"/>
9.10	Others _____ _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

II. SERVICES PROVIDED RECORD FROM REGISTER (DURING LAST ONE MONTH)

Q. No.	ESSENTIAL SERVICES PROVIDED	MALE	FEMALE
A. SERVICE PROVIDED			
9.11	OPD Patients	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9.12	In patient admission's	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9.13	Number of cases referred for serious ailments to CHC	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9.14	Number of cases referred for serious ailments from CHC	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
B. PERFORMANCE			
9.15	Number of deliveries performed	<input type="text"/> <input type="text"/> <input type="text"/>	
9.16	Number of Caesarean section deliveries performed	<input type="text"/> <input type="text"/> <input type="text"/>	
9.17	Of the total deliveries how many were beneficiaries of Janany Suraksha Yojana	<input type="text"/> <input type="text"/> <input type="text"/>	
9.18	Number of blood transfusion done	<input type="text"/> <input type="text"/> <input type="text"/>	
9.19	Number of MTP performed	<input type="text"/> <input type="text"/> <input type="text"/>	
9.20	Number of IUD insertion cases	<input type="text"/> <input type="text"/> <input type="text"/>	
PERFORMANCE			

9.21	Number of sterilization conducted	MALE <input type="text"/> <input type="text"/> <input type="text"/>	FEMALE <input type="text"/> <input type="text"/> <input type="text"/>
9.22	Number of cases provided with RTI/STI services	<input type="text"/> <input type="text"/> <input type="text"/>	
9.23	Number of person completed treatment under DOTS	<input type="text"/> <input type="text"/> <input type="text"/>	
9.24	Number of school health camp organized	NO OF SCHOOL	<input type="text"/> <input type="text"/> <input type="text"/>

X. AVAILABILITY OF SPECIFIC SERVICES

Q.NO.	QUESTIONS	CURRENT AVAILABILITY AT CHC
10.1	Is the facility for normal delivery available in the CHC for 24 hours?	YES.....1 NO.....2
10.2	Is New born care for 24 hour basis.	YES.....1 NO.....2
10.3	Are the low birth weight babies managed at the CHC?	YES.....1 NO.....2
10.4	Is CHC a microscopy centre?	YES.....1 NO.....2
10.5	Is CHC having a Integrated Counseling and Testing Center (ICTC)?	YES.....1 NO.....2
10.6	Are surgeries for cataract done in the CHC?	YES.....1 NO.....2
10.7	Is the primary management of cases of poisoning /snake, insect or scorpion bite done at the CHC?	YES.....1 NO.....2
10.8	Is the primary management of burns done at CHC?	YES.....1 NO.....2

XI. MONITORING AND SUPERVISORY ACTIVITIES

Q. NO.	PARTICULAR	
11.1	Have you prepared the CHC plan for this year?	YES.....1 NO.....2
11.2	When was the last CHC plan prepared?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11.3	Do you have enough printed registers and reports?	A. REGISTERS YES.....1 NO.....2 B. REPORTS YES.....1 NO.....2
11.4	Do you submit the report on time?	YES.....1 NO.....2 → Skip to Q11.6
11.5	What is the main reason for not submitting report in time?	_____
11.6	Were you provided with any written feedback on reports from the district or Supervisory Officer?	YES.....1 NO.....2
11.7	During the last quarter has any Supervisory Officer visited CHC?	YES.....1 NO.....2
11.8	Is Citizen's Charter displayed at CHC?	YES.....1 NO.....2
11.9	Has the Rogi Kalyan Samiti (RKS) been established?	YES.....1 NO...2 → Skip to Q11.11
11.10	Does Rogi Kalyan Samiti (RKS) monitor your work regularly?	YES.....1 NO.....2
11.11	Have you received the untied fund for previous financial year?	YES.....1 NO.....2 → END
11.12	Have you utilized the untied fund?	FULLY UTILISED.....1 PARTIALLY UTILISED.....2 NOT UTILISED.....3

THANKS FOR GIVING YOUR PRECIOUS TIME