

I. AVAILABILITY OF HUMAN RESOURCES

Q. NO.	PERSONNEL	IN POSTION	IF NO, SINCE HOW LONG (SPECIFY DURATION IN MONTHS) RECORD IN ACTUAL MONTHS IF MORE THAN 99 MONTHS CODE 99
1.1	Medical Officer	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.2	Lady Medical Officer	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.3	Ayush Medical Officer	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.4	Medical Officer Contractual	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.5	Staff Nurse	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.6	Pharmacist	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.7	LHV/Health Assistant	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.8	Male Health Assistant	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.9	Laboratory Technician	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.10	ANM/ Female Health Worker	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.11	Additional Staff Nurse/ANM (Contractual)	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.12	Class IV Employee	YES.....1 NO.....2	<input type="text"/> <input type="text"/>
1.13	Any Other _____ _____ _____ (SPECIFY)	YES.....1 NO.....2	

II. TRAINING

Q.NO.	A TRAINING ORGANIZED AT PHC																	
2.1a	Whether any training programme was organized at PHC last year?	YES.....1 NO.....2	→ Skip to Q.2.2															
2.1b	If YES, What were the trainings organized?	<table border="0"> <tr> <td>TYPE OF TRAININGS</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A) PULSE POLIO TRAINING...</td> <td>1</td> <td>2</td> </tr> <tr> <td>B).TRAINING OF ASHA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C).TRAINING FOR ANM/MALE HEALTH WORKER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D).ANY OTHER.....</td> <td>1</td> <td>2</td> </tr> </table>	TYPE OF TRAININGS	YES	NO	A) PULSE POLIO TRAINING...	1	2	B).TRAINING OF ASHA.....	1	2	C).TRAINING FOR ANM/MALE HEALTH WORKER.....	1	2	D).ANY OTHER.....	1	2	(SPECIFY)
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D).ANY OTHER.....	1	2																

B. TRAINING RECEIVED BY ANY MEDICAL OFFICER DURING LAST FIVE YEARS/EVER (IF TRAINING NOT RECEIVED IN THE LAST FIVE YEARS ASK EVER RECEIVED THE TRAINING)			
	TYPE OF TRAINING	LAST 5 YEAR	EVER
2.2	Integrated skill development training for 12 days (RCH-1)	YES..... 1 NO 2	YES..... 1 NO..... 2
2.3	Vector Borne Disease Control Programme (VBDCP) training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.4	Directly Observed Treatment- Short Course (DOTS) training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.5	Immunization training	YES..... 1 NO 2	YES..... 1 NO..... 2
SPECIAL SKILL TRAINING			
2.6	NSV –Non Scalpel Vasectomy training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.7	MTP- Medical Termination of Pregnancy training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.8	Minilap training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.9	Reproductive Tract Infection/Sexually Transmitted Infection(RTI/STI) training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.10	Management of obstetric complications (BEmOC-Basic Emergency Obstetric Care) training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.11	IMNCI- Integrated Management of Neonatal and Childhood Illnesses training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.12	Skilled Birth Attendant training	YES..... 1 NO 2	YES..... 1 NO..... 2
2.13	Any other training _____ _____ (SPECIFY)	YES..... 1 NO 2	YES..... 1 NO..... 2

III.A. DETAILS OF ALL SUB-CENTRE VILLAGES COVERED BY THE PHC

Q. No	SUB- CENTRES UNDER PHC							
	NAME OF THE SC VILLAGES (CIRCLE THE SC VILLAGE COVERED)	DISTANCE TO PHC IN.KM	CONNECTIVITY OF PHC					
			CONNECTED WITH PUCCA ROAD		BUS//PVT. VEHICLE AVAILABLE		ACCESSIBLE THROUGHOUT THE YEAR	
3.1		YES	NO	YES	NO	YES	NO	
1		1	2	1	2	1	2	
2		1	2	1	2	1	2	
3		1	2	1	2	1	2	
4		1	2	1	2	1	2	
5		1	2	1	2	1	2	
6		1	2	1	2	1	2	
7		1	2	1	2	1	2	
8		1	2	1	2	1	2	
9		1	2	1	2	1	2	
10		1	2	1	2	1	2	
11		1	2	1	2	1	2	
12		1	2	1	2	1	2	

III.B. PHYSICAL INFRASTRUCTURE

Q. No.		A. BUILDING				
3.2	Is a designated government building available for the PHC?	YES1 → Skip to Q3.4 NO.....2				
3.3	IF NO, where is PHC located?	RENTED BUILDING.....1 RENT FREE/ PANCHAYAT/ VOLUNTARY SOCIETY BUILDING.....2 OTHERS3 (SPECIFY)				
3.4	Since when this PHC is functioning from this building?	YEAR..... <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></tr></table>				
3.5	What is the type of PHC building? (RECORD BY OBSERVATION)	KACHHA 1 SEMI-PUCCA 2 PUCCA..... 3				
3.6	What is the present condition of the existing building? (RECORD BY OBSERVATION)	GOOD/ SATISFACTORY..... 1 NEEDS REPAIR 2				
3.7	RATE THE CLEANLINES (RECORD BY OBSERVATION)	CLEANLINESS				
i	Premises Cleanliness	GOOD----1 FAIR-----2 POOR----3				
ii	Wards Cleanliness	GOOD----1 FAIR-----2 POOR----3				
iii	OPD Cleanliness	GOOD----1 FAIR-----2 POOR----3				
B. WATER SUPPLY						
3.8	What is the main source of water supply?	PIPED.....1 BORE WELL/ TUBE WELL2 HAND PUMP.....3 WELL.....4 NO WATER SUPPLY.....5 → Skip to Q3.10 OTHER6 (SPECIFY)				
3.9	Is there water supply for 24 hours in PHC?	YES..... 1 NO..... 2				
C. ELECTRICITY						
3.10	Is power supply available?	REGULAR POWER SUPPLY1 OCCASIONAL POWER SUPPLY.....2 POWER CUT IN SUMMER ONLY.....3 REGULAR POWER CUT4 NO ELECTRICITY CONNECTION.....5				
3.11	Is standby facility of generator/inventor available in working condition? (RECORDED BY OBSERVATION)	YES.....1 NO.....2				
D. TOILET FACILITIES						
3.12	Is functional toilet facility available?	YES.....1 NO.....2 → Skip to Q 3.14				
3.13	Is separate toilet facility for males and females?	COMMON TOILET.....1 SEPARATE TOILET.....2				

E. COMMUNICATION FACILITIES				
3.14	Is telephone facility available in the PHC ? IF YES.NOTE CONTACT NO	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3.15	Whether Personal Computer available or not ?	YES.....1 NO.....2 → Skip to Q.3.18		
3.16	Is connectivity to NIC terminal available at PHC?	YES.....1 NO.....2		
3.17	Is asses to Internet facility available at PHC?	YES.....1 NO.....2		
3.18	Are you outsourcing for data compilation and tabulation work?	YES.....1 NO.....2		
3.19	Whether PHC has vehicle on road?	YES.....1 → Skip to Q.3.21 NO.....2		
3.20	Does PHC has access to vehicle for transporting patients during emergencies?	YES.....1 NO.....2		
3.21	Is there any complaint box/suggestion box kept at PHC?	YES.....1 NO.....2		
F. WASTE DISPOSAL				
3.22	How is the Biomedical waste disposed ? (RECORD ALL MENTIONED)	YES.....1 NO.....2	YES	NO
			A). BURY IN PIT..... 1	2
			B).THROWN IN COMMON/ PUBLIC DISPOSAL PIT..... 1	2
			C).THROWN OUTSIDE PHCCOMPOUND 1	2
			D).THROWN INSIDE PHC COMPOUND... 1	2
			E).BURNING..... 1	2
			F). OTHER.....(SPECIFY) 1	2
3.23	Is biomedical waste segregated and treated before disposal?	YES.....1 NO.....2		
3.24	Whether using different dustbins for biomedical waste?	YES.....1 NO.....2		
Q. No.	G. QUARTERS			
	A	B	C	D
	RESIDENTIAL QUARTER FOR PHC STAFF	AVAILABLE	WHETHER RESIDING	QUARTER IS AVAILABLE AND NOT RESIDING WHAT ARE THE REASONS:
3.25a	Medical Officer	YES.....1 NO.....2 ↓ Skip to next row	YES.....1 ↓ Skip to next row NO.....2	YES NO A). POOR CONDITION OF PHC QUARTERS..... 1 2 B). NO WATER SUPPLY 1 2 C).NO ELECTRICITY FACILITY 1 2 D).SPOUSE STAYING IN ANOTHER PLACE..... 1 2 E). LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE..... 1 2 F). EDUCATION OF CHILDREN..... 1 2 G). SECURITY..... 1 2 H).ANY OTHER (SPECIFY)..... 1 2

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3.25c	LHV	YES.....1 NO.....2 ↓ Skip to next row	YES.....1 ↓ Skip to next row NO.....2	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">YES</th> <th style="text-align:center;">NO</th> </tr> </thead> <tbody> <tr> <td>A). POOR CONDITION OF PHC QUARTERS.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>B). NO WATER SUPPLY</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>C). NO ELECTRICITY FACILITY</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>D).SPOUSE STAYING IN ANOTHER PLACE.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>E). LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>F). EDUCATION OF CHILDREN.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>G).SECURITY.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>H). ANY OTHER _____</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td colspan="3" style="text-align:center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>		YES	NO	A). POOR CONDITION OF PHC QUARTERS.....	1	2	B). NO WATER SUPPLY	1	2	C). NO ELECTRICITY FACILITY	1	2	D).SPOUSE STAYING IN ANOTHER PLACE.....	1	2	E). LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE.....	1	2	F). EDUCATION OF CHILDREN.....	1	2	G).SECURITY.....	1	2	H). ANY OTHER _____	1	2	(SPECIFY)			
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3.25d	Staff Nurse	YES.....1 NO.....2 ↓ Skip to 3.26a	YES.....1 ↓ Skip to Q.NO3.26a NO.....2	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">YES</th> <th style="text-align:center;">NO</th> </tr> </thead> <tbody> <tr> <td>A). POOR CONDITION OF PHC QUARTERS.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>B). NO WATER SUPPLY</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>C). NO ELECTRICITY FACILITY</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>D).SPOUSE STAYING IN ANOTHER PLACE.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>E). LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>F). EDUCATION OF CHILDREN.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>G).SECURITY.....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>H). ANY OTHER _____</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td colspan="3" style="text-align:center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>		YES	NO	A). POOR CONDITION OF PHC QUARTERS.....	1	2	B). NO WATER SUPPLY	1	2	C). NO ELECTRICITY FACILITY	1	2	D).SPOUSE STAYING IN ANOTHER PLACE.....	1	2	E). LOCATION OF PHC QUARTER IS OUTSIDE VILLAGE.....	1	2	F). EDUCATION OF CHILDREN.....	1	2	G).SECURITY.....	1	2	H). ANY OTHER _____	1	2	(SPECIFY)			
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H. LABOUR ROOM AND OPERATION THEATRE																						
Q. No.	FACILITY	A AVAILABLE SEPARATELY	B CURRENTLY IN USE	C IF NO THEN GIVE REASONS																		
3.26a	Labour Room	YES...1 NO.....2 ↓ Skip to next row	YES.....1 ↓ Skip to next row NO.....2	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>A).NON-AVAILABILITY OF DOCTORS AND STAFF.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B).LACK OF EQUIPMENTS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C).POOR PHYSICAL STATE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D).NO POWER SUPPLY.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E). ANY OTHER..... (SPECIFY)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	A).NON-AVAILABILITY OF DOCTORS AND STAFF.....	1	2	B).LACK OF EQUIPMENTS.....	1	2	C).POOR PHYSICAL STATE.....	1	2	D).NO POWER SUPPLY.....	1	2	E). ANY OTHER..... (SPECIFY)	1	2
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3.26b	Operation theater	YES...1 NO.....2 ↓ Skip to Q 3.27	YES.....1 ↓ Skip to Q.3.26c NO.....2	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>A).NON-AVAILABILITY OF DOCTORS AND STAFF.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B).LACK OF EQUIPMENTS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C).POOR PHYSICAL STATE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D).NO POWER SUPPLY.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E). ANY OTHER..... (SPECIFY)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	A).NON-AVAILABILITY OF DOCTORS AND STAFF.....	1	2	B).LACK OF EQUIPMENTS.....	1	2	C).POOR PHYSICAL STATE.....	1	2	D).NO POWER SUPPLY.....	1	2	E). ANY OTHER..... (SPECIFY)	1	2
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3.26c	Whether operation theater has Boyles apparatus and enough Anesthetic Medicines?		<table border="0"> <tr> <td colspan="2" style="text-align: center;">i. BOYLES APPARATUS</td> <td colspan="2" style="text-align: center;">ii. ANESTHETIC MEDICINES</td> </tr> <tr> <td>YES.....1</td> <td>NO.....2</td> <td>YES.....1</td> <td>NO.....2</td> </tr> </table>	i. BOYLES APPARATUS		ii. ANESTHETIC MEDICINES		YES.....1	NO.....2	YES.....1	NO.....2											
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YES.....1	NO.....2	YES.....1	NO.....2																			

Q. No.	PHYSICAL FACILITIES	
3.27	How many beds are there in the PHC?	NO. OF BEDS..... <input type="text"/> <input type="text"/>
3.28	Whether PHC has separate room for drug storage?	YES.....1 → Skip to Q3.30 NO.....2
3.29	If NO, where are drugs stored?	_____
3.30	Is there separate waiting area for the patients in the OPD of PHC?	YES.....1 NO.....2

IV. AVAILABILITY OF SELECTED FURNITURE/INSTRUMENT (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY IF ITEMS ARE AVAILABLE)

Q.NO.	ITEM	AVAILABILITY	FUNCTIONAL
4.1	Examination Table	YES.....1 NO.....2	YES.....1 NO.....2
4.2	Delivery Table	YES.....1 NO.....2	YES.....1 NO.....2
4.3	OT Table	YES.....1 NO.....2	YES.....1 NO.....2
4.4	Bed Side Screen	YES.....1 NO.....2	YES.....1 NO.....2
4.5	Footstep	YES.....1 NO.....2	YES.....1 NO.....2
4.6	Shadowless lamp light for OT/Labour room	YES.....1 NO.....2	YES.....1 NO.....2
4.7	Macintosh for labour & OT table	YES.....1 NO.....2	YES.....1 NO.....2
4.8	Oxygen trolley with cylinder and flow meter plus mask	YES.....1 NO.....2	YES.....1 NO.....2

Q.NO.	ITEM	AVAILABILITY	FUNCTIONAL
4.9	Instrument trolley	YES.....1 NO.....2	YES.....1 NO.....2
4.10	Sterilization Instrument	YES.....1 NO.....2	YES.....1 NO.....2
4.11	Instrument cabinet	YES.....1 NO.....2	YES.....1 NO.....2
4.12	Blood / Saline stand	YES.....1 NO.....2	YES.....1 NO.....2
4.13	Stretcher on trolley	YES.....1 NO.....2	YES.....1 NO.....2
4.14	Stool for patients.	YES.....1 NO.....2	YES.....1 NO.....2
4.15	Wheel chair	YES.....1 NO.....2	YES.....1 NO.....2
4.16	Almirah/Cupboard with lock and key	YES.....1 NO.....2	YES.....1 NO.....2
4.17	Separate dustbin for biomedical waste	YES.....1 NO.....2	YES.....1 NO.....2

V . AVAILABILITY OF EQUIPMENTS (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY IF ITEMS ARE AVAILABLE)

Q. NO.	A.EQUIPMENT	AVAILABILITY	FUNCTIONAL
5.1.	IUD Insertion Kit	YES.....1 NO.....2	YES.....1 NO.....2
5.2.	Normal Delivery Kit	YES.....1 NO.....2	YES.....1 NO.....2
5.3.	Equipment for assisted vacuum delivery	YES.....1 NO.....2	YES.....1 NO.....2
5.4.	Equipment for assisted forceps delivery	YES.....1 NO.....2	YES.....1 NO.....2
5.5.	Equipment for New Born Care and Neonatal Resuscitation	YES.....1 NO.....2	YES.....1 NO.....2
5.6.	Standard Surgical Set (for minor procedures like episiotomies stitching)	YES.....1 NO.....2	YES.....1 NO.....2
5.7.	Equipment for Manual Vacuum Aspiration	YES.....1 NO.....2	YES.....1 NO.....2
5.8.	Baby warmer/incubator.	YES.....1 NO.....2	YES.....1 NO.....2
B. COLD CHAIN EQUIPMENT			
5.9.	Ice Lined Refrigerator (Large)	YES.....1 NO.....2	YES.....1 NO.....2
5.10.	Ice Lined Refrigerator (Small)	YES.....1 NO.....2	YES.....1 NO.....2
5.11.	Deep Freezer Large	YES.....1 NO.....2	YES.....1 NO.....2
5.12.	Deep Freezer Small	YES.....1 NO.....2	YES.....1 NO.....2
5.13.	Cold Box	YES.....1 NO.....2	YES.....1 NO.....2
5.14.	Vaccine Carrier	YES.....1 NO.....2	YES.....1 NO.....2
C. REQUIREMENTS OF THE LAB			
5.15.	Chemical for Hb estimation	YES.....1 NO.....2	YES.....1 NO.....2
5.16.	Reagent strips for urine albumin and urine sugar analysis	YES.....1 NO.....2	YES.....1 NO.....2
5.17.	Rapid Plasma Reagin (RPR) test kits for syphilis	YES.....1 NO.....2	YES.....1 NO.....2
5.18.	Reagents for peripheral blood smear examination for MP	YES.....1 NO.....2	YES.....1 NO.....2
5.19.	Residual chlorine in drinking water testing strips	YES.....1 NO.....2	YES.....1 NO.....2
5.20.	Centrifuge	YES.....1 NO.....2	YES.....1 NO.....2
5.21.	Light Microscope	YES.....1 NO.....2	YES.....1 NO.....2
5.22.	Binocular Microscope	YES.....1 NO.....2	YES.....1 NO.....2

VI. AVAILABILITY OF ESSENTIAL DRUGS IN THE PHC (RECORD FROM REGISTER)

Q. NO.	ESSENTIAL DRUGS	AVAILABLE ON THE DAY OF SURVEY	OUT OF STOCK FOR MORE THAN TEN DAYS DURING LAST ONE MONTH
6.1	Antiallergics and drugs used in Anaphylaxis	YES.....1 NO.....2	YES.....1 NO.....2
6.2	Anti Hypertensives	YES.....1 NO.....2	YES.....1 NO.....2
6.3	Anti Diabetics	YES.....1 NO.....2	YES.....1 NO.....2
6.4	Anti Anginal	YES.....1 NO.....2	YES.....1 NO.....2
6.5	Anti Tubercular	YES.....1 NO.....2	YES.....1 NO.....2
6.6	Anti Leprosy	YES.....1 NO.....2	YES.....1 NO.....2
6.7	Anti Filarials	YES.....1 NO.....2	YES.....1 NO.....2
6.8	Anti Bacterials	YES.....1 NO.....2	YES.....1 NO.....2
6.9	Anti Helminthic	YES.....1 NO.....2	YES.....1 NO.....2
6.10	Anti Protozoal	YES.....1 NO.....2	YES.....1 NO.....2
6.11	Antidots (Antisnake Venom etc.)	YES.....1 NO.....2	YES.....1 NO.....2
6.12	Solutions correcting water and electrolyte imbalance	YES.....1 NO.....2	YES.....1 NO.....2
6.13	Essential Obstetric Care drugs.	YES.....1 NO.....2	YES.....1 NO.....2
6.14	RTI/STI DRUGS		
i	Tab Norfloxaline	YES.....1 NO.....2	YES.....1 NO.....2
ii	Doxycycline Hydrochloride Capsules	YES.....1 NO.....2	YES.....1 NO.....2
iii	Benzathine Penicillin Injection	YES.....1 NO.....2	YES.....1 NO.....2
iv	Tab Metronidazole	YES.....1 NO.....2	YES.....1 NO.....2
v	Tab Fluconazole	YES.....1 NO.....2	YES.....1 NO.....2

**VII. ESSENTIAL LABORATORY TEST (DURING LAST ONE MONTH)
(IF FACILITY FOR TEST IS NOT THERE IN PHC RECORD '999')**

Q. NO.	SERVICES	NUMBER OF TEST DONE
7.1.	Blood grouping	<input type="text"/> <input type="text"/> <input type="text"/>
7.2.	Haemogram (TLC/DLC)	<input type="text"/> <input type="text"/> <input type="text"/>
7.3.	Diagnosis of RTIs/STDs with wet mounting, grams stain, etc.	<input type="text"/> <input type="text"/> <input type="text"/>
7.4.	Sputum testing for TB	<input type="text"/> <input type="text"/> <input type="text"/>
7.5.	Blood smear examination for Malaria Parasite	<input type="text"/> <input type="text"/> <input type="text"/>
7.6.	Urine (Routine culture/sensitivity/Microscopy)	<input type="text"/> <input type="text"/> <input type="text"/>
7.7.	Rapid tests for pregnancy	<input type="text"/> <input type="text"/> <input type="text"/>
7.8.	Rapid Plasma Reagin (RPR) test for Syphilis	<input type="text"/> <input type="text"/> <input type="text"/>
7.9.	Others) _____ (Specify)	<input type="text"/> <input type="text"/> <input type="text"/>

VIII. SERVICES (DURING LAST ONE MONTH) RECORD FROM REGISTER

Q. NO.	A. ESSENTIAL SERVICES PROVIDED	MALE	FEMALE
8.1.	OPD Patients	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8.2.	In-patient Admissions	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8.3.	Number of cases referred for serious ailments from PHC to Higher centre.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
B. SERVICES PROVIDED		NUMBER OF CASES	
8.4.	Number of cases provided with antenatal care services		<input type="text"/> <input type="text"/>
8.5.	Number of Deliveries performed		<input type="text"/> <input type="text"/>
8.6.	If deliveries performed, how many were beneficiaries of Janani Suraksha Yojana?		<input type="text"/> <input type="text"/>
8.7.	Number of complicated pregnancies/ delivery cases referred?		<input type="text"/> <input type="text"/>
8.8.	Number of women provided with postnatal care services		<input type="text"/> <input type="text"/>
8.9.	Number of newborn care provided		<input type="text"/> <input type="text"/>
8.10.	Number of children treated for Diarrhoea		<input type="text"/> <input type="text"/>
8.11.	Number of children treated for Acute Respiratory Tract Infection (ARI)		<input type="text"/> <input type="text"/>
8.12.	Number of infants and children immunized		<input type="text"/> <input type="text"/> <input type="text"/>
8.13.	Number of MTPs performed		<input type="text"/> <input type="text"/>
8.14.	No. of Manual Vacuum Aspirations done (One of the method for abortion)		<input type="text"/> <input type="text"/>
Q. No.	C. FAMILY PLANNING AND CONTRACEPTION/OTER SERVICES		
8.15.	No. of oral pills users		<input type="text"/> <input type="text"/> <input type="text"/>
8.16.	No. of condom users		<input type="text"/> <input type="text"/> <input type="text"/>
8.17.	No. of women given EC pills		<input type="text"/> <input type="text"/> <input type="text"/>
8.18.	No. of IUD insertion cases		<input type="text"/> <input type="text"/>
8.19.	Number of Sterilization Cases	MALE.....1 FEMALE.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.20.	Number of RTI/STI cases provided services		<input type="text"/> <input type="text"/>
8.21.	Number of school health check-ups organized		<input type="text"/> <input type="text"/>
8.22.	Number of eligible couples		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q. No.	D. AVAILABILITY OF SPECIFIC SERVICES																			
8.23.	Is there a fixed immunization day?	YES.....1 NO.....2																		
8.24.	How vaccines are distributed to SC's?	<table border="0"> <tr> <td>DISTRIBUTION OF VACCINE</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A).PHC STAFF DELIVERS VACCINES TO SC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B).THE SAME IS OUTSOURCED IN THE FORM OF COURIER</td> <td>1</td> <td>2</td> </tr> <tr> <td>C).ANMs COLLECT VACCINES FROM THE PHC ON THEIR OWN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D). ANY OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </table>	DISTRIBUTION OF VACCINE	YES	NO	A).PHC STAFF DELIVERS VACCINES TO SC.....	1	2	B).THE SAME IS OUTSOURCED IN THE FORM OF COURIER	1	2	C).ANMs COLLECT VACCINES FROM THE PHC ON THEIR OWN.....	1	2	D). ANY OTHER _____	1	2	(SPECIFY)		
DISTRIBUTION OF VACCINE	YES	NO																		
A).PHC STAFF DELIVERS VACCINES TO SC.....	1	2																		
B).THE SAME IS OUTSOURCED IN THE FORM OF COURIER	1	2																		
C).ANMs COLLECT VACCINES FROM THE PHC ON THEIR OWN.....	1	2																		
D). ANY OTHER _____	1	2																		
(SPECIFY)																				
8.25.	Has any outbreak of Diarrhea, Diphtheria, Measles, jaundice and fever took place during last three month? (RECORD ALL MENTIONED)	<table border="0"> <tr> <td>OUTBREAK</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A).DIARRHOEA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B).DIPHTHERIA</td> <td>1</td> <td>2</td> </tr> <tr> <td>C). MEASLES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D). JAUNDICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E). FEVER.....</td> <td>1</td> <td>2</td> </tr> </table>	OUTBREAK	YES	NO	A).DIARRHOEA.....	1	2	B).DIPHTHERIA	1	2	C). MEASLES.....	1	2	D). JAUNDICE.....	1	2	E). FEVER.....	1	2
OUTBREAK	YES	NO																		
A).DIARRHOEA.....	1	2																		
B).DIPHTHERIA	1	2																		
C). MEASLES.....	1	2																		
D). JAUNDICE.....	1	2																		
E). FEVER.....	1	2																		
8.26.	Does the PHC collects and reports vital events?	YES..... 1 NO.....2																		
Q. No.	E. MONITORING AND SUPERVISION ACTIVITIES																			
8.27.	Have you prepared the PHC Plan for this year?	YES.....1 NO.....2																		
8.28.	When was the last PHC Plan prepared?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
8.29.	Do you have enough printed reports and registers?	<table border="0"> <tr> <td>A. REGISTERS</td> <td>B. REPORTS</td> </tr> <tr> <td>YES.....1</td> <td>YES.....1</td> </tr> <tr> <td>NO.....2</td> <td>NO.....2</td> </tr> </table>	A. REGISTERS	B. REPORTS	YES.....1	YES.....1	NO.....2	NO.....2												
A. REGISTERS	B. REPORTS																			
YES.....1	YES.....1																			
NO.....2	NO.....2																			
8.30.	Do you submit the reports in time?	YES.....1 → Skip to Q. 8.32 NO.....2																		
8.31.	What are the main reasons for not submitting reports on time?	_____																		
8.32.	Were you provided with any written feedback from the CHC or supervisory officers?	YES.....1 NO.....2																		
8.33.	During last month has any supervisory officer visited the PHC?	YES.....1 NO.....2																		
8.34.	During last month has any supervisory officer from this facility visited the Sub-centre?	YES.....1 NO.....2 → Skip to Q.8.36																		
8.35.	How many Sub Centers were covered during the last month?	NUMBER OF SUBCENTERS..... <input type="text"/>																		
8.36.	Is Citizen's Charter displayed at PHC?	YES.....1 NO.....2																		
8.37.	Has Rogi Kalyan Samitee (RKS) been constituted?	YES.....1 NO.....2																		
8.38.	Have you received the untied fund for previous financial year?	YES.....1 → END NO.....2																		
8.39.	Have you utilized the untied fund?	FULLY UTILISED.....1 PARTIALLY UTILISED.....2 NOT UTILISED.....3																		

THANKS FOR GIVING YOUR PRECIOUS TIME