Questionnaire for the personnel who prepares
the HIS (FHSIS) Monthly Report

Purpose of this questionnaire

The purpose of this questionnaire is to know how you manage and treat cases which you encounter in your daily activities and how you record them in FHSIS. This is NOT to test your skill/ knowledge of Modified-FHSIS.

A case is given for each type of health service that you usually provide to your clients. Please select the choice which reflects your actual activity.

If you have not experienced something similar to the case that is given, please select the choice which you think it is the most appropriate.

Individual information of respondents is only used for research purpose by Tohoku University.

Individual information

Name: 
Position: 
Years in the position: 
Name of RHU/BHS: 
Name of Municipality: 
Name of Barangay: 

I am assigned for counting the no. of patients/clients for following programs. (Please check ALL that apply)
- □ Maternal Care,
- □ Family Planning,
- □ EPI,
- □ CARI,
- □ CDD,
- □ Nutrition (Weighing),
- □ Rabies,
- □ Malaria,
- □ Tuberculosis

Training experience

(1) How did you learn FHSIS? (Please check ONE that mostly apply)
1. ___ Learn mainly from health staffs through daily work
   (Specify if MHO/ PHN/ Midwife ___________)
2. ___ Learn mainly from self-study with the manual of FHSIS
3. ___ Learn mainly through training course conducted by DOH or PHO.
4. ___ Others (Specify) _____________________

(2) Which of the following training/ orientation did you participate?
(Please check ALL that apply)
1. ___ FHSIS training held by DOH/ PHO within a period from 1989 to 1995
2. ___ FHSIS training held by DOH/ PHO within a period from 1996 to 2006
3. ___ Orientation for new employee held by DOH/ PHO (Specify year _________)
4. ___ Orientation held by PHO in September 2005
5. ___ Others (Specify the name & year) _____________________
Prenatal Care

Given is the TCL for Prenatal Care of your BHS at the end of June, 2005.

<table>
<thead>
<tr>
<th>Date of Registration (1)</th>
<th>Family Serial Number (2)</th>
<th>Name (3)</th>
<th>Address (4)</th>
<th>Age (5)</th>
<th>LMP/G-P (6)</th>
<th>EDC (7)</th>
<th>Pre-Natal visits (Date) (8)</th>
<th>Risk Code (9)</th>
<th>Age (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-10-04</td>
<td>×××</td>
<td>AAA</td>
<td>×××</td>
<td>22</td>
<td>9-7-04/G1-P0</td>
<td>6-14-05</td>
<td>10-10-04 1-5-05 4-18-05</td>
<td>5-6-05</td>
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<tr>
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<td>BBB</td>
<td>×××</td>
<td>19</td>
<td>9-13-04/G1-P0</td>
<td>6-20-05</td>
<td>12-20-04 4-25-05</td>
<td>5-5-05</td>
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<td>10-21-04</td>
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<td>CCC</td>
<td>×××</td>
<td>29</td>
<td>9-20-04/G2-P1</td>
<td>6-20-05</td>
<td>10-21-04 1-7-05 6-3-05</td>
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</tr>
<tr>
<td>10-24-04</td>
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<td>DDD</td>
<td>×××</td>
<td>36</td>
<td>10-4-04/G1-P0</td>
<td>7-11-05</td>
<td>10-24-04 4-20-05</td>
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<td>10-24-04</td>
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<td>EEE</td>
<td>×××</td>
<td>20</td>
<td>10-05-04/G1-P0</td>
<td>7-12-05</td>
<td>10-24-04 1-5-04 5-12-05</td>
<td>6-1-05</td>
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</tr>
<tr>
<td>12-25-04</td>
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<td>FFF</td>
<td>×××</td>
<td>21</td>
<td>9-20-04/G1-P0</td>
<td>6-27-05</td>
<td>12-25-04 4-15-05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q1.
Which of the following do you consider as "Pregnant women with 3 or more prenatal visits (w/ at least one visit per trimester)" on HIS (FHSIS) Monthly Report of JUNE, 2005? (Please check ALL that apply)

1. ____ AAA
2. ____ BBB
3. ____ CCC
4. ____ DDD
5. ____ EEE
6. ____ FFF

Q2.
Who do you consider as "Pregnant women given TT2 plus" on HIS (FHSIS) Monthly Report? (Please check ALL that apply)

1. ____ Pregnant women given TT1
2. ____ Pregnant women given TT1 and TT2
3. ____ Pregnant women given TT1, TT2 and TT3
4. ____ Pregnant women given TT1, TT2, TT3 and TT4
5. ____ Pregnant women given TT1, TT2, TT3, TT4 and TT5
Family Planning

Given is the monthly total number of New Acceptors, Drop Outs and Current Users of Condom in July.

HIS (FHSIS) Report for the Month: JULY, Year: 2005

<table>
<thead>
<tr>
<th>METHODS</th>
<th>New Acceptors</th>
<th>Drop Outs</th>
<th>Current Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>2</td>
<td>3</td>
<td>71</td>
</tr>
</tbody>
</table>

**Note:** There are no Changing Method, no Changing Clinic, no Transfer and no Restart in July.

Given is the monthly total number of New Acceptors and Drop Outs of Condom in August.

HIS (FHSIS) Report for the Month: AUGUST, Year: 2005

<table>
<thead>
<tr>
<th>METHODS</th>
<th>New Acceptors</th>
<th>Drop Outs</th>
<th>Current Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** There are no Changing Method, no Changing Clinic, no Transfer and no Restart in August.
**Note:** The number of Current Users has not calculated yet.

**Q3.**

What is the number of Current Users of Condom for August?

The number of Current Users in August is _________. 
Q4.
Suppose you are identifying the New Acceptors of Condom in your facility to prepare HIS(FHSIS)Monthly Report for July. Which of the followings do you consider as New Acceptors of Condom for your facility in July? (Please check ALL that apply)

1.____ Clients who stopped using Pills in July and started using Condom in July
2.____ Clients who started using Condom in July and who are new to Family Planning Program
3.____ Clients who have used Condom since June
4.____ Clients who have used Condom in another clinic and transferred to your clinic in July and started using Condom in July
5.____ Clients who stopped using Condom in another clinic in May and started to use Condom in your clinic in July
6.____ Clients who failed to return for a re-supply for Condom
7.____ Clients who stopped using Condom in July and started using Pills in July
8.____ Clients who transferred out from your clinic and started using Condom in another clinic in July
9.____ Clients who stopped using Condom in May and started to use Condom in July

Nutrition

Q5.
Which of the followings do you report as Severely Underweight Children (6-59 months) on HIS (FHSIS) Monthly Report? (Please check ALL that apply)

1.____ Children categorized as Severely Underweight
2.____ Children categorized as Below Normal (Very Low)
3.____ Children categorized as Below Normal (Low)
4.____ I do not report Severely Underweight Children (6-59 months) anymore

Child Pneumonia

Q6.
Which of the followings do you report as “Pneumonia cases seen (0-59 months)” on HIS (FHSIS) Monthly Report? (Please check ALL that apply)

1.____ Children (2-59 months) with chest indrawing
2.____ Children (2-59 months) with fast breathing, fever and cough, but no chest indrawing
3.____ Children (2-59 months) with fever and cough, but no chest indrawing and no fast breathing
4.____ Children (0-2 months) with chest indrawing or fast breathing
5.____ Children (0-2 months) with no severe chest indrawing and no fast breathing
EPI

Q7
Which of the following do you report as “infants given BCG” on HIS(FHSIS) Monthly Report? (Please check ALL that apply)

1. ___ Infants who received BCG at hospital in the month
2. ___ Infants who received BCG at your facility in the month
3. ___ Infants who received BCG at somewhere in the other municipality in the month and transferred into your catchment area in the month.
4. ___ Infants who received BCG at private clinic in your catchment area in the month.
5. ___ Infants who lives in the other municipality and received BCG at your facility when he/she visited his/her relatives living in your catchment area.

Q8.
Given is Target Group List of EPI at the end of July, 2005 (See Attached TCL for EPI), which of the followings do you report as “Fully Immunized Children (9-11 months)” on HIS (FHSIS) Monthly Report of July, 2005? (Please check ALL that apply)


Rabies

Q9.
Which of the following cases do you report as “Animal bites cases seen” on HIS (FHSIS) Monthly Report? (Please check ALL that apply)

1. ___ Dog bite cases
2. ___ Cat bite cases
3. ___ Snake bite cases
4. ___ Mosquito bite cases
5. ___ Monkey bite cases
**Malaria**

**Q10.**
Which of the followings cases do you report as "Malaria: Confirmed" on HIS (FHSIS) Monthly Report? (Please check ALL that apply)
1. ___ Those whose blood smear was examined through microscopy and reported as Malaria at laboratory in RHU
2. ___ Those who are tested by barangay microscopist and confirmed as Malaria.
3. ___ Those who are clinically diagnosed as Malaria
4. ___ Those who visited your facility for Mosquito bites

**Tuberculosis**

**Q11.**
Which of the following cases do you report as “TB symptomatics with sputum exam” on HIS (FHSIS) Monthly Report? (Please check ALL that apply)
1. ___ Patient who is complaining of cough with more than 2 weeks
2. ___ Patient who is complaining of cough with more than 2 weeks and who was given advice by midwife to visit RHU/MHC
3. ___ Patient who is complaining of cough with more than 2 weeks and whose sputum was collected by midwife (but the sputum has not been sent to RHU yet)
4. ___ Patient who is complaining of cough with more than 2 weeks and whose sputum was collected by midwife and sent to RHU
5. ___ Patient with smear (+) result from the laboratory in RHU
6. ___ Patient with smear (−) result from the laboratory in RHU
7. ___ Patient with doubtful result from the laboratory in RHU
Q12.

Which of the following do you report as “New sputum (+) initiated treatment on HIS (FHSIS) Monthly Report? (Please check ALL that apply)

1._____ Patient whose two sputum smear results are positive in the first set of specimens, and has started treatment.
2._____ Patient whose one sputum smear result is positive in the first set of specimens, and has started treatment.
3._____ Patient whose three sputum smear results are positive in the first set of specimens, and has started treatment.
4._____ Patient whose one sputum smear result is positive in the second set of specimens, and has started treatment.

THANK YOU FOR YOUR COOPERATION
### Target Group List for EPI at the end of July, 2005

<table>
<thead>
<tr>
<th>Date of Birth (1)</th>
<th>Family Serial Number (2)</th>
<th>Name of Infant (3)</th>
<th>Name of Mother (4)</th>
<th>Address (5)</th>
<th>Month Reaches Age1 (6)</th>
<th>Date Fully Immunized (7)</th>
<th>Date Immunization Received (8)</th>
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<td>×× ×× ××</td>
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<td>7/29/04</td>
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<tr>
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<td>7/29/04</td>
<td>9/10/04 10/15/04 11/5/04 9/10/04 10/15/04 11/5/04</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>8/20/04</td>
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<td>7/14/05</td>
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<tr>
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<td>8/20/04</td>
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