**FORM FOR ASSESSING DERMATOVENEROLOGICAL DESPENSARY**

|  |  |
| --- | --- |
| Name of the interviewer |  |
| Code of the interviewer |  |
| Date of the interview |  |

1. **Basic information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of the organization |  | | |
| Address |  | | |
| Person interviewed |  | | |
| Functions since |  | Type of ownership:  *(state/private/other)* |  |

1. **Range of Services Offered**

| **Service Provided** | **1. Provided?** | | **2. Referred elsewhere?** | | **3. Comments** |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **No** | **Yes** | **No** |
| **1. Counseling on…** |  |  |  |  |  |
| 1.1. HIV/AIDS and STI | 1 | 2 | 1 | 2 |  |
| 1.2. other Reproductive Health | 1 | 2 | 1 | 2 |  |
| 1.3. contraception | 1 | 2 | 1 | 2 |  |
| 1.4. harm reduction | 1 | 2 | 1 | 2 |  |
| 1.5 family planning |  |  |  |  |  |
| 1.6. sexual education issues | 1 | 2 | 1 | 2 |  |
| 1.7. health promotion | 1 | 2 | 1 | 2 |  |
| 1.8. peculiarities of adolescence | 1 | 2 | 1 | 2 |  |
| 1.9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |
| **2. Testing** |  |  |  |  |  |
| 2.1. GC, CT | 1 | 2 | 1 | 2 |  |
| * 1. syphilis | 1 | 2 | 1 | 2 |  |
| * 1. HIV | 1 | 2 | 1 | 2 |  |
| * 1. pregnancy | 1 | 2 | 1 | 2 |  |
| * 1. vaginal trichomonads | 1 | 2 | 1 | 2 |  |
| * 1. micoureaplasmosis | 1 | 2 | 1 | 2 |  |
| * 1. antibodies to herpes virus of type 1,2 | 1 | 2 | 1 | 2 |  |
| * 1. viral hepatitis | 1 | 2 | 1 | 2 |  |
| * 1. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |
| **3.Treatment** |  |  |  |  |  |
| 3.1. STI | 1 | 2 | 1 | 2 |  |
| 3.2. HIV | 1 | 2 | 1 | 2 |  |
| 3.3. Substitution therapy | 1 | 2 | 1 | 2 |  |
| 3.4. Gynecological disorders | 1 | 2 | 1 | 2 |  |
| 3.5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |
| **4. Other services** |  |  |  |  |  |
| 4.1. Condom distribution | 1 | 2 | 1 | 2 |  |
| 4.2. Syringe exchange | 1 | 2 | 1 | 2 |  |
| 4.3. Contraception | 1 | 2 | 1 | 2 |  |
| 4.4. Abortion | 1 | 2 | 1 | 2 |  |
| 4.5. X-ray, fluorography | 1 | 2 | 1 | 2 |  |
| 4.6. Pelvic ultrasound | 1 | 2 | 1 | 2 |  |
| 4.7. Individual psychological counseling. | 1 | 2 | 1 | 2 |  |
| 4.8. Group psychological counseling. | 1 | 2 | 1 | 2 |  |
| 4.9.Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |

1. **Client Volume and Range of Services provided:** Using facility record books collect 3 months worth of information and record a monthly average of the following

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services provided** | **Number of patients** | | **Number of young clients (15–19 y.o.)** | |
| Men | Boys | Boys | Девушки |
| **1. Counseling on…** |  |  |  |  |
| 1.1. HIV/AIDS and STI |  |  |  |  |
| 1.2. other Reproductive Health |  |  |  |  |
| 1.3. contraception |  |  |  |  |
| 1.4. harm reduction |  |  |  |  |
| 1.5 family planning |  |  |  |  |
| 1.6. sexual education issues |  |  |  |  |
| 1.7. health promotion |  |  |  |  |
| 1.8. peculiarities of adolescence |  |  |  |  |
| 1.9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **2. Testing** |  |  |  |  |
| 2.1. GC, CT |  |  |  |  |
| 2.2.syphilis |  |  |  |  |
| 2.3. HIV |  |  |  |  |
| 2.4. pregnancy |  |  |  |  |
| 2.5. vaginal trichomonads |  |  |  |  |
| 2.6. micoureaplasmosis |  |  |  |  |
| 2.7.antibodies to herpes virus of type 1,2 |  |  |  |  |
| 2.8.viral hepatitis |  |  |  |  |
| * 1. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **3. Treatment** |  |  |  |  |
| 3.1. STI |  |  |  |  |
| 3.2. HIV |  |  |  |  |
| 3.3. Substitution therapy |  |  |  |  |
| 3.4. Gynecological disorders |  |  |  |  |
| 3.5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **4. Other services** |  |  |  |  |
| 4.1. Condom distribution |  |  |  |  |
| 4.2. Syringe exchange |  |  |  |  |
| 4.3. Contraception |  |  |  |  |
| 4.4. Abortion |  |  |  |  |
| 4.5. X-ray, fluorography |  |  |  |  |
| 4.6. Pelvic ultrasound |  |  |  |  |
| 4.7. Individual psychological counseling. |  |  |  |  |
| 4.8. Group psychological counseling. |  |  |  |  |
| 4.9.Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. **Schedule of Available Services:** Write in hours for each day of the week that the following services are available

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Предоставляемые услуги** | **Пн** | **Вт** | **Ср** | **Чт** | **Пт** | **Сб** | **Вс** |
| **1. Counseling on…** |  |  |  |  |  |  |  |
| 1.1. HIV/AIDS and STI |  |  |  |  |  |  |  |
| 1.2. other Reproductive Health |  |  |  |  |  |  |  |
| 1.3. contraception |  |  |  |  |  |  |  |
| 1.4. harm reduction |  |  |  |  |  |  |  |
| 1.5 family planning |  |  |  |  |  |  |  |
| 1.6. sexual education issues |  |  |  |  |  |  |  |
| 1.7. health promotion |  |  |  |  |  |  |  |
| 1.8. peculiarities of adolescence |  |  |  |  |  |  |  |
| 1.9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **2. Testing** |  |  |  |  |  |  |  |
| 2.1. GC, CT |  |  |  |  |  |  |  |
| 2.2.syphilis |  |  |  |  |  |  |  |
| 2.3. HIV |  |  |  |  |  |  |  |
| 2.4. pregnancy |  |  |  |  |  |  |  |
| 2.5. vaginal trichomonads |  |  |  |  |  |  |  |
| 2.6. micoureaplasmosis |  |  |  |  |  |  |  |
| 2.7.antibodies to herpes virus of type 1,2 |  |  |  |  |  |  |  |
| 2.8.viral hepatitis |  |  |  |  |  |  |  |
| * 1. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **3. Treatment** |  |  |  |  |  |  |  |
| 3.1. STI |  |  |  |  |  |  |  |
| 3.2. HIV |  |  |  |  |  |  |  |
| 3.3. Substitution therapy |  |  |  |  |  |  |  |
| 3.4. Gynecological disorders |  |  |  |  |  |  |  |
| 3.5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **4. Other services** |  |  |  |  |  |  |  |
| 4.1. Condom distribution |  |  |  |  |  |  |  |
| 4.2. Syringe exchange |  |  |  |  |  |  |  |
| 4.3. Contraception |  |  |  |  |  |  |  |
| 4.4. Abortion |  |  |  |  |  |  |  |
| 4.5. X-ray, fluorography |  |  |  |  |  |  |  |
| 4.6. Pelvic ultrasound |  |  |  |  |  |  |  |
| 4.7. Individual psychological counseling. |  |  |  |  |  |  |  |
| 4.8. Group psychological counseling. |  |  |  |  |  |  |  |
| 4.9.Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |

1. **Cost of Available Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Services provided** | **Is there service fee ?** | | **Comments** |
| **Yes** | **Yes** |
| **1. Counseling on…** |  |  |  |
| 1.1. HIV/AIDS and STI | 1 | 2 |  |
| 1.2. other Reproductive Health | 1 | 2 |  |
| 1.3. contraception | 1 | 2 |  |
| 1.4. harm reduction | 1 | 2 |  |
| 1.5 family planning | 1 | 2 |  |
| 1.6. sexual education issues | 1 | 2 |  |
| 1.7. health promotion | 1 | 2 |  |
| 1.8. peculiarities of adolescence | 1 | 2 |  |
| 1.9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |
| **2. Testing** |  |  |  |
| 2.1. GC, CT | 1 | 2 |  |
| 2.2.syphilis | 1 | 2 |  |
| 2.3. HIV | 1 | 2 |  |
| 2.4. pregnancy | 1 | 2 |  |
| 2.5. vaginal trichomonads | 1 | 2 |  |
| 2.6. micoureaplasmosis | 1 | 2 |  |
| 2.7.antibodies to herpes virus of type 1,2 | 1 | 2 |  |
| 2.8.viral hepatitis | 1 | 2 |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |
| **3. Treatment** |  |  |  |
| 3.1. STI | 1 | 2 |  |
| 3.2. HIV | 1 | 2 |  |
| 3.3. Substitution therapy | 1 | 2 |  |
| 3.4. Gynecological disorders | 1 | 2 |  |
| 3.5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |
| **4. Other services** |  |  |  |
| 4.1. Condom distribution | 1 | 2 |  |
| 4.2. Syringe exchange | 1 | 2 |  |
| 4.3. Contraception | 1 | 2 |  |
| 4.4. Abortion | 1 | 2 |  |
| 4.5. X-ray, fluorography | 1 | 2 |  |
| 4.6. Pelvic ultrasound | 1 | 2 |  |
| 4.7. Individual psychological counseling. | 1 | 2 |  |
| 4.8. Group psychological counseling. | 1 | 2 |  |
| 4.9.Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |

**6. Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position** | | **1. Is there in the staff schedule?** | | **2. No of staff** | **Comments** |
| **Yes** | **Yes** |  |
| 1 | Chief of staff | 1 | 2 |  |  |
| 2 | Narcologist | 1 | 2 |  |  |
| 3 | Nurse | 1 | 2 |  |  |
| 4 | Lab technician | 1 | 2 |  |  |
| 5 | Registrant | 1 | 2 |  |  |
| 6 | Physician | 1 | 2 |  |  |
| 7 | Psychologist | 1 | 2 |  |  |
| 8 | Social teacher/social worker | 1 | 2 |  |  |
| 9 | Lab technician | 1 | 2 |  |  |
| 10 | Pharmacist | 1 | 2 |  |  |
| 11 | Registrant | 1 | 2 |  |  |
| 12 | Coach peer | 1 | 2 |  |  |
| 13 | An outreach worker | 1 | 2 |  |  |
| 14 | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |  |

**ADDITIONAL INFORMATION:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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