**FORM FOR ASSESSING TB DISPENSARY**

|  |  |
| --- | --- |
| 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**

| **Services Provided** | **1. Provided?** | | **2. Referred elsewhere?** | | **3. Comments** |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **No** | **Yes** | **No** |
| **1. Counseling on…** |  |  |  |  |  |
| 1.1. оn HIV/STI | 1 | 2 | 1 | 2 |  |
| 1.2. on dangers of drug use | 1 | 2 | 1 | 2 |  |
| 1.3. harm reduction | 1 | 2 | 1 | 2 |  |
| 1.4. for tuberculosis infection | 1 | 2 | 1 | 2 |  |
| 1.5. health promotion | 1 | 2 | 1 | 2 |  |
| 1.6.Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |
| **2. Testing** |  |  |  |  |  |
| * 1. HIV | 1 | 2 | 1 | 2 |  |
| * 1. Viral hepatitis | 1 | 2 | 1 | 2 |  |
| * 1. Bronchoscopy | 1 | 2 | 1 | 2 |  |
| * 1. diagnosis of tuberculosis |  |  |  |  |  |
| * 1. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |
| **3. Treatment** |  |  |  |  |  |
| 3.1. STI (not without symptoms or etiology) | 1 | 2 | 1 | 2 |  |
| 3.2. HIV | 1 | 2 | 1 | 2 |  |
| 3.3. Substitution therapy | 1 | 2 | 1 | 2 |  |
| 3.4. Lung disease | 1 | 2 | 1 | 2 |  |
| 3.5. Anti-relapse treatment | 1 | 2 | 1 | 2 |  |
| 3.6. 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. X-ray, fluorography | 1 | 2 | 1 | 2 |  |
| 4.5. Psychotherapy | 1 | 2 | 1 | 2 |  |
| 4.6. Groups psychotherapy | 1 | 2 | 1 | 2 |  |
| 4.7. Self-help groups | 1 | 2 | 1 | 2 |  |
| 4.8.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 patients** | |
| Men | Men | Boys | Girls |
| **1. Counseling on…** |  |  |  |  |
| 1.1. оn HIV/STI |  |  |  |  |
| 1.2. on dangers of drug use |  |  |  |  |
| 1.3. harm reduction |  |  |  |  |
| 1.4. for tuberculosis infection |  |  |  |  |
| 1.5. health promotion |  |  |  |  |
| 1.6.Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **2. Testing** |  |  |  |  |
| 2.1. HIV |  |  |  |  |
| 2.2.Viral hepatitis |  |  |  |  |
| 2.3. Bronchoscopy |  |  |  |  |
| 2.4.diagnosis of tuberculosis |  |  |  |  |
| 2.5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **3. Treatment** |  |  |  |  |
| 3.1. STI (not without symptoms or etiology) |  |  |  |  |
| 3.2. HIV |  |  |  |  |
| 3.3. Substitution therapy |  |  |  |  |
| 3.4. Lung disease |  |  |  |  |
| 3.5. Anti-relapse treatment |  |  |  |  |
| 3.6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **4. Other services** |  |  |  |  |
| 4.1. Condom distribution |  |  |  |  |
| 4.2. Syringe exchange |  |  |  |  |
| 4.3. Contraception |  |  |  |  |
| 4.4. X-ray, fluorography |  |  |  |  |
| 4.5. Psychotherapy |  |  |  |  |
| 4.6. Groups psychotherapy |  |  |  |  |
| 4.7. Self-help groups |  |  |  |  |
| 4.8.Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service provided** | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| **1. Counseling on…** |  |  |  |  |  |  |  |
| 1.1.on HIV/STI |  |  |  |  |  |  |  |
| 1.2. on dangers of drug use |  |  |  |  |  |  |  |
| 1.3. harm reduction |  |  |  |  |  |  |  |
| 1.4. for tuberculosis infection |  |  |  |  |  |  |  |
| 1.5. health promotion |  |  |  |  |  |  |  |
| 1.6.Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **2. Testing** |  |  |  |  |  |  |  |
| 2.1. HIV |  |  |  |  |  |  |  |
| 2.2.Viral hepatitis |  |  |  |  |  |  |  |
| 2.3. Bronchoscopy |  |  |  |  |  |  |  |
| 2.4.diagnosis of tuberculosis |  |  |  |  |  |  |  |
| 2.5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **3. Treatment** |  |  |  |  |  |  |  |
| 3.1. STI (not without symptoms or etiology) |  |  |  |  |  |  |  |
| 3.2. HIV |  |  |  |  |  |  |  |
| 3.3. Substitution therapy |  |  |  |  |  |  |  |
| 3.4. Lung disease |  |  |  |  |  |  |  |
| 3.5. Anti-relapse treatment |  |  |  |  |  |  |  |
| 3.6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **4. Other services** |  |  |  |  |  |  |  |
| 4.1. Condom distribution |  |  |  |  |  |  |  |
| 4.2. Syringe exchange |  |  |  |  |  |  |  |
| 4.3. Contraception |  |  |  |  |  |  |  |
| 4.4. X-ray, fluorography |  |  |  |  |  |  |  |
| 4.5. Psychotherapy |  |  |  |  |  |  |  |
| 4.6. Groups psychotherapy |  |  |  |  |  |  |  |
| 4.7. Self-help groups |  |  |  |  |  |  |  |
| 4.8.Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |

1. **Cost of Available Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Services provided** | **Is there service fee ?** | | **Comments** |
| **Yes** | **Yes** |
| **1. Counseling on…** |  |  |  |
| 1.1.on  HIV/STI | 1 | 2 |  |
| 1.2. on dangers of drug use | 1 | 2 |  |
| 1.3. harm reduction | 1 | 2 |  |
| 1.4. for tuberculosis infection | 1 | 2 |  |
| 1.5. health promotion | 1 | 2 |  |
| 1.6.Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |
| **2. Testing** |  |  |  |
| 2.1. HIV | 1 | 2 |  |
| 2.2.Viral hepatitis | 1 | 2 |  |
| 2.3. Bronchoscopy | 1 | 2 |  |
| 2.4.diagnosis of tuberculosis | 1 | 2 |  |
| 2.5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |
| **3. Treatment** |  |  |  |
| 3.1. STI (not without symptoms or etiology) | 1 | 2 |  |
| 3.2. HIV | 1 | 2 |  |
| 3.3. Substitution therapy | 1 | 2 |  |
| 3.4. Lung disease | 1 | 2 |  |
| 3.5. Anti-relapse treatment | 1 | 2 |  |
| 3.6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **4. Other services** |  |  |  |
| 4.1. Condom distribution | 1 | 2 |  |
| 4.2. Syringe exchange | 1 | 2 |  |
| 4.3. Contraception | 1 | 2 |  |
| 4.4. X-ray, fluorography | 1 | 2 |  |
| 4.5. Psychotherapy | 1 | 2 |  |
| 4.6. Groups psychotherapy | 1 | 2 |  |
| 4.7. Self-help groups | 1 | 2 |  |
| 4.8.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 | Tuberculotherapist | 1 | 2 |  |  |
| 3 | Nurse | 1 | 2 |  |  |
| 4 | Lab technician | 1 | 2 |  |  |
| 5 | Registrant | 1 | 2 |  |  |
| 6 | Physiscian | 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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