

**Questionnaire to assess EMTCT Services**

1. Name of the Hospital : .....

2. Ward Number: .....

3. BHT number : .....

4. Did mother receive any information about antenatal, HIV and VDRL testing?

		Yes	No
4.1	HIV		
4.2	VDRL		

5. What are the information sources-

	Mode	Yes	No
5.1	Poster/Leaflet		
5.2	ANC health talk		
5.3	Media - TV/Radio		
5.4	"Mapiya hamuwa"		

6. HIV/VDRL blood tests done during pregnancy: Yes  No   
If yes, POA .....

7. Test done in: 7.1. Govt. sector   
7.2. Private sector   
7.3. If private sector, name of the lab .....

8. Mother's awareness about test results -

		Yes	No
8.1	HIV		
8.2	VDRL		

**ANC record data:**

9. MOH Area: ..... 10. ANC clinic: .....

11. ANC number: ..... / not available

12. Number of ANC visits: .....

13. Screening tests done for HIV and VDRL-

13.1	POA at Blood sampling : syphilis	
13.2	Date of blood sampling : syphilis	
13.3	Date of result received : syphilis	
13.4	Result : syphilis	
13.5	If R date of referral : syphilis	
13.6	Date of Blood sampling : HIV	
13.7	Date of result informed	

Data collected by (Name): .....

Date: ...../...../2018

Signature: .....

STD Clinic: .....