

Session 4:

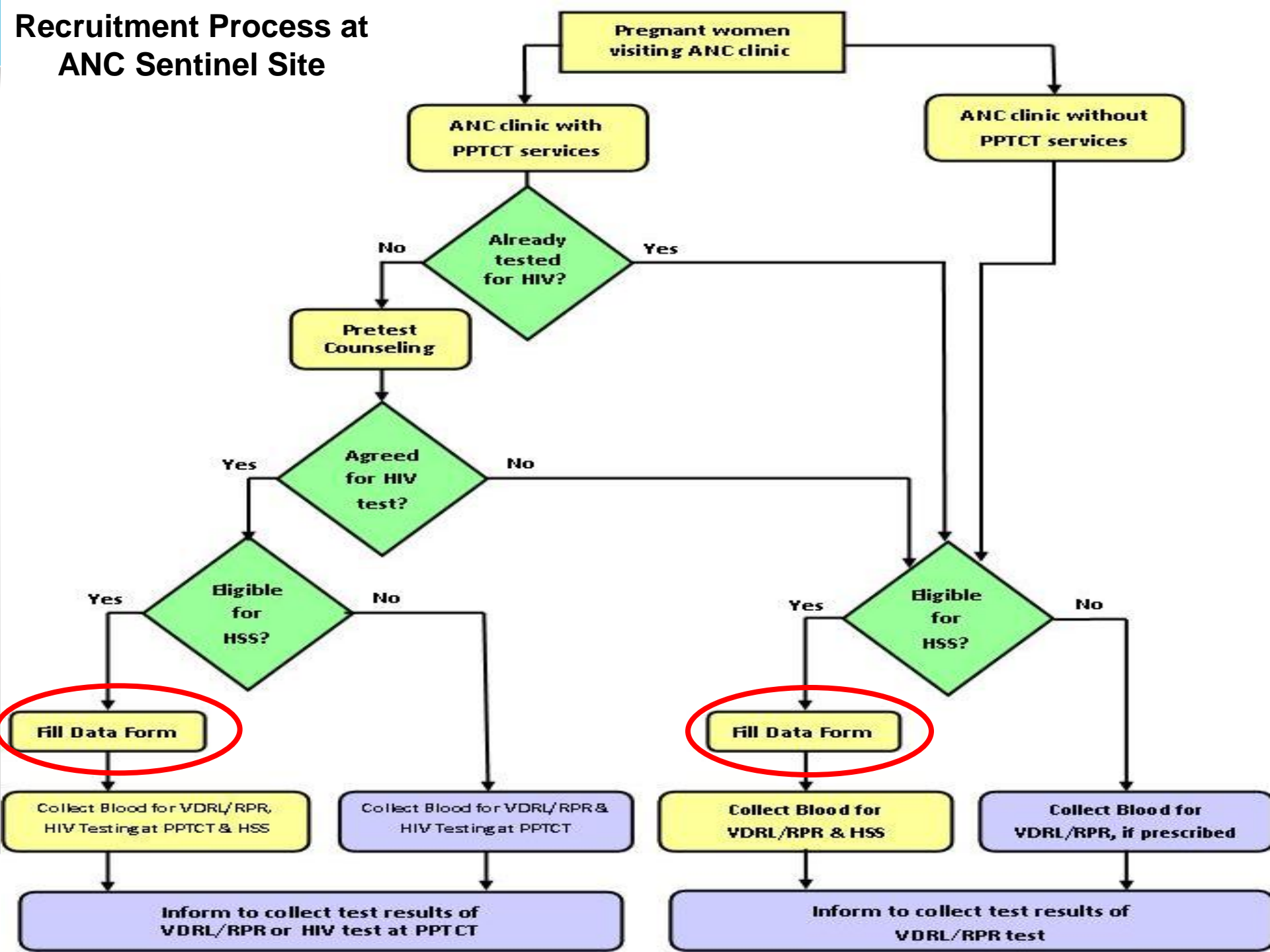
Managing Data Forms



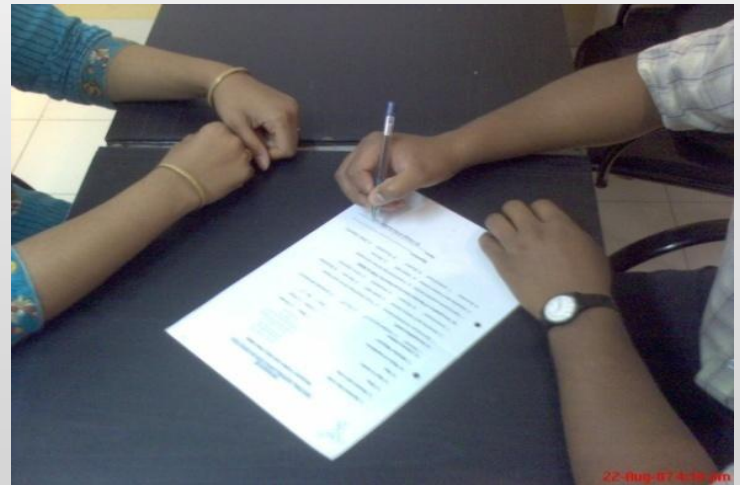
Session Objectives

- ▶ At the end of this session, participants should be able to:
 - ▶ Understand the general principles of completing data forms
 - ▶ Understand good practices and quality issues in the filling of data forms
 - ▶ Familiarize themselves with each variable in the ANC data form
 - ▶ Learn to avoid common errors
 - ▶ Familiarize themselves with documentation involved while transporting data forms

Recruitment Process at ANC Sentinel Site



Completing Data Forms



Data Form

- ▶ **WHAT:** A data form is a tool to capture information related to the socio-demographic characteristics and vulnerabilities of the eligible individual
- ▶ **WHO:**
 - (1) **Nurse/ Counselor:** Should complete the data form for each eligible respondent
 - (2) **Laboratory Technician:** Should ensure that the form is complete and correctly filled, before taking the blood specimen. If incomplete, the nurse/counselor should be immediately notified so that information may be collected
 - (3) **Site in-charge:** Should verify completed data forms every day, sign with date. Blank data forms should NEVER be signed in advance. If mistakes are found in filling forms, site in-charge should discuss with concerned staff and guide them

Data Form

- ▶ **WHEN:**







- (1) After assessing eligibility
- (2) Before collecting blood specimen

- ▶ **HOW:** The following slides provide guidance on how to fill the forms and practices to be followed to ensure that data captured is of high quality

General Instructions for Data Forms

- ▶ Only one data form should be completed per individual
- ▶ Data form should be filled only after eligibility is confirmed by site in-charge
- ▶ Data form should be completed before blood specimen collection
- ▶ Utmost care should be taken to ensure that the data entered is legible, complete and correct
- ▶ The completed data forms should be stored securely at the sentinel site
- ▶ Under no circumstances should the form be handed over to the attendees
- ▶ The data forms should be transported on a weekly basis to the Regional Institute for data entry, along with the Data Form Transportation Sheet
- ▶ In case of composite sites, the data forms from all the sub-sites should be compiled at the main site and sent together to the RI

Ensuring Quality of Data on Data Form

- ▶ Use a hard ball point pen to complete the data form. Ink pens may leak and make entries illegible 
- ▶ Data forms should be filled neatly and legibly, without any overwriting and strike marks 
- ▶ Record responses by **circling** one appropriate option, (except for 'Age' & 'Duration of stay at current residence' where the appropriate number of years/months should be written) 
- ▶ Complete all questions, without leaving any blanks. Person completing must check for completeness, put his/her name, sign and date 
- ▶ Circle only **one** appropriate option. Circling more than one option will be considered invalid 
- ▶ Ensure that responses are internally consistent 

Form filled with ink pen: Smudged



Use of ink pen
has smudged
the data

1

HSS 2010: Data Form for Antenatal Clinic Attend

(Please fill the site details in the box below OR Paste the sticker with site details/ Stamp details in the empty box.)

State: <u>Nagaland</u>	District: <u>Mon</u>
Site Name: _____	_____
1 3 4 0 3 0 2 1	3 0 2 9 7 9 1 1 1
(Site Code)	(Sub-site No.) (Sample No.) (Date - DD / MM / YY)

1. Age (in completed years) 30

2. Literacy Status

1. Illiterate ☒ Literate and till 5th standard 3. 6th to 10th standard 4. 11th to Graduation 5. Post Graduation

3. Order of Current Pregnancy

1. First 2. Second 3. Third 4. Fourth or more

4. Source of Referral to the ANC clinic

1. Self Referral 2. Family/ Relatives/ Neighbors/ Friends 3. NGO
4. Private (Doctor/ Nurses) 5. Govt (including, ASHA/ ANM) 6. ICTC / ART Centre

5. Current place of residence

1. Urban (Municipal Corporation / Council / Cantonment) 2. Rural

6. Duration stay at current place of residence: 10 years 0 months

Form untidy due to use of whitener

1. Age (in completed years) <u>27</u>		
2. Literacy Status		
1. Illiterate	2. Literate and till 5th standard	3. 6th to 10th standard
4. 11th to graduation		5. Post Graduation
3. Order of Current Pregnancy		
1. First	2. Second	3. Third
4. Fourth or more		
4. Source of Referral to the ANC clinic		
1. Self Referral	2. Family/ Relatives/ Neighbors/ Friends	3. NGO
4. Private (Doctor/ Nurses)	5. Govt (including, ASHA/ ANM)	6. ICTC / ART Centre
5. Current place of residence		1. Urban (Municipal Corporation / Council / Cantonment)
		2. Rural
6. Duration stay at current place of residence:		
7. Current Occupation of the Respondent		
1. Agricultural Labourer	2. Non-Agricultural	
4. Skilled / Semiskilled worker	5. Petty business / small shop	6. Large Business/Self employed
7. Service (Govt./Pvt.)	8. Student	9. Truck Driver/helper
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc)	11. Hotel Staff	12. Agricultural cultivator/ landholder

Use of whitener has hidden the option number

In case of overwriting/ strikemarks while filling the data form, use a fresh data form

Options not encircled properly

Improper circling of options has hidden the option number

1. Age (in completed years) <u>24</u>		
2. Literacy Status		
1. Illiterate	2. Literate and till 5th standard	<input checked="" type="radio"/> 6th to 10th standard
4. 11th to Graduation		5. Post Graduation
3. Order of Current Pregnancy		
1. First	<input checked="" type="radio"/> 2. Second	3. Third
		4. Fourth or more
4. Source of Referral to the ANC clinic		
1. Self Referral	2. Family/ Relatives/ Neighbors/ Friends	3. NGO
4. Private (Doctor/ Nurses)	<input checked="" type="radio"/> 5. Govt (including ASHA/ ANM)	6. ICTC/ ART Centre
5. Current place of residence		<input checked="" type="radio"/> Rural
1. Urban (Municipal Corporation / Council / Cantonment)		
6. Duration stay at current place of residence: <u>3</u> years <u>1</u> months		
7. Current Occupation of the Respondent		
1. Agricultural Labourer	2. Non-Agricultural Labourer	3. Domestic Servant
4. Skilled / Semiskilled worker	5. Petty business / small shop	6. Large Business/Self employed
7. Service (Govt./Pvt.)	8. Student	9. Truck Driver/helper
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc)	11. Hotel Staff	12. Agricultural cultivator/ landholder
	<input checked="" type="radio"/> 13. Housewife	

Options not encircled properly



Improper circling of options. The options need to be circled and NOT the values

2. Literacy Status

1. Illiterate 2. Literate and till 5th standard 3. 6th to 10th standard 4. 11th to Graduate

3. Order of Current Pregnancy

1. First 2. Second 3. Third 4. Fourth or more

4. Source of Referral to the ANC clinic

1. Self Referral 2. Family/ Relatives/ Neighbors/ Friends 3. NGO
4. Private (Doctor/ Nurses) 5. Govt (including, ASHA/ ANM) 6. ICIC/ART Centre

5. Current place of residence

1. Urban (Municipal Corporation / Council /Cantonment) 2. Rural

6. Duration stay at current place of residence: 1 years 2 months

7. Current Occupation of the Respondent

1. Agricultural Labourer	2. Non-Agricultural Labourer	3. Domestic Servant
4. Skilled / Semiskilled worker	5. Petty business / small shop	6. Large Business/Self employed
7. Service (Govt./Pvt.)	8. Student	9. Truck Driver/helper
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc)	11. Hotel Staff	12. Agricultural cultivator/ landholder
	14. Housewife	

8. Current Occupation of the Spouse

1. Agricultural Labourer	2. Non-Agricultural Labourer	3. Domestic Servant
4. Skilled / Semiskilled worker	5. Petty business / small shop	6. Large Business/Self employed
7. Service (Govt./Pvt.)	8. Student	9. Truck Driver/helper
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc)	11. Hotel Staff	12. Agricultural cultivator/ landholder
13. Unemployed		99. Not Applicable (For Never married/ Widows)

Field left blank

Duration of stay not mentioned

Clinic		
CTC/ VCTC	3. NGO	4. Private doctors
5. ART center	6. Other OPDs	7. Referred by spouse having STD
6. Current place of residence		
1. Urban (Municipal Corporation /Council /Cantonment)		2. Rural
7. Duration of stay at current place of residence:		
<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <input type="text"/> years <input type="text"/> months </div>		
8. Current Occupation of the Respondent		
1. Agricultural Labourer	2. Non-Agricultural Labourer	3. Domestic Servant
4. Skilled / Semiskilled worker	5. Petty business / small shop	6. Large Business/Self employed
7. Service (Govt./Pvt.)	8. Student	9. Truck Driver/helper
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers, etc)	11. Hotel Staff	12. Agricultural cultivator/ landholder

Field left blank

Sub-site number not mentioned

Registration Form for Antenatal Clinic Attendees (ANC)

Fill in the details below OR Paste the sticker with site details/ Stamp the site details in the empty box.)

State :	District :
Site Name :	
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(Site Code)	(Sub-site No.) (Sample No.) (Date - DDMMYY)

State: ASSAM	District: Nalbari
Site Name: Swabid Mukunda Nalbari Civil Hospital	
18445011	<input type="text"/> 11/7 181200
(Site Code)	(Sub-site No.) (Sample No.) (Date)

1. Age (in completed years)

22 yrs

Enter the subsite number here.

2. Literacy Status

1. Illiterate	2. Literate and till 5th standard	③ 6th to 10th standard	4. 11th to Graduation	5. Post Graduation
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3. Order of Current Pregnancy

1. First	② Second	3. Third	4. Fourth or more
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Field left blank

Date of sample
collection not
mentioned

HSS 2010: Data Form for Antenatal Clinic Attendees (ANC)

(Please fill the site details in the box below OR Paste the sticker with site details. Stamp the site details in the empty box.)

State: <u>Nagaland</u>	District: <u>Mon</u>																																				
Site Name: <u>ANC civil hospital</u>	<u>Mon</u>																																				
<table><tr><td>1</td><td>3</td><td>4</td><td>0</td><td>3</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td><td>4</td><td>0</td></tr><tr><td colspan="4">(Site Code)</td><td colspan="4">(Sub-site No.)</td><td colspan="4">(Sample No.)</td></tr></table>	1	3	4	0	3	0	1	1	0	0	4	0	(Site Code)				(Sub-site No.)				(Sample No.)				<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="6">(Date - DD/MM/YY)</td></tr></table>							(Date - DD/MM/YY)					
1	3	4	0	3	0	1	1	0	0	4	0																										
(Site Code)				(Sub-site No.)				(Sample No.)																													
(Date - DD/MM/YY)																																					

No mention of date

State: <u>Nagaland</u>	<u>13</u>
District: <u>Mon</u>	<u>403</u>
Type: <u>ANC</u>	<u>1</u>
CH Mon	<u>13403011</u>

1. Age (in completed years) 25

2. Literacy Status

1. Illiterate 2. Literate and till 5th standard 3. 6th to 10th standard 4. 11th to Graduation 5. Post Graduation

3. Order of Current Pregnancy

1. First 2. Second 3. Third 4. Fourth or more

Field left blank

Age of respondent is not mentioned

1

HSS 2010: Data Form for Antenatal Clinic Attendees (ANC)

(Please fill the site details in the box below OR Paste the sticker with site details in the empty box.)

State: <u>NAGALAND</u>	District: <u>Mon</u>	State: <u>Nagaland</u>	<u>13</u>
Site Name: <u>A.N.C. Covid Hospital</u>	District: <u>Mon</u>	District: <u>Mon</u>	<u>403</u>
13403011	092	Type: <u>ANC</u>	<u>1</u>
(Site Code)	(Sub-site No.) (Sample No.)	CH Mon	<u>13403011</u>
	(DD/MM/YY)		

1. Age (in completed years)

Age not mentioned

2. Literacy Status

☒ 1. Illiterate ☐ 2. Literate and till 5th standard ☐ 3. 6th to 10th standard ☐ 4. 11th to Graduation ☐ 5. Post Graduation

3. Order of Current Pregnancy

☐ 1. First ☐ 2. Second ☒ 3. Third ☐ 4. Fourth or more

4. Source of Referral to the ANC clinic

☐ 1. Self Referral ☐ 2. Family/ Relatives/ Neighbors/ Friends ☐ 3. NGO
☐ 4. Private (Doctor/ Nurses) ☐ 5. Govt (including, ASHA/ ANM) ☐ 6. ICTC / ART Centre

5. Current place of residence

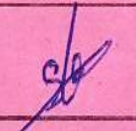
☐ 1. Urban (Municipal Corporation / Council / Cantonment) ☒ 2. Rural

6. Duration stay at current place of residence: 15 years 0 months

Field left blank

8. Signature of site-in-charge is missing		
1. A	2. Non-Agricultural Labourer	3. Domestic Servant
4. S	5 Petty business / small shop	6. Large Business/Self employed
7. Service (Govt./Pvt.)	8. Student	9. Truck Driver/helper
10. Local transport worker (auto/ driver, handcart pullers, rickshaw pullers etc)	11. Hotel Staff	12. Agricultural cultivator/ landholder
13. Unemployed		99. Not Applicable (For Never married/ Widows)

9. Does spouse reside alone in another place/ town away from wife for work for longer than 6 months?		
1. Yes	2 No	99. Not Applicable (For widows /unmarried women)

Signature 

Name L. Shaoang
(Person filling the form)

Signature  No signature of site in charge

Name Dr. S. J. A
(In charge of the Surveillance Site)

Circled more than one option: invalid entry

8. Current Occupation of the Spouse	
1. Agricultural Labourer	2. Non-Agricultural Labourer
4. Skilled / Semiskilled worker	5. Petty business / small trader
7. Service (Govt./Pvt.)	8. Student
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc)	11. Hotel/ Restaurant/ Caterer/ Landholder
13. Unemployed	99. Not Applicable (For Never married/ Widows)

Only one option should be circled. Circling more than one option will be considered invalid.

9. Does spouse reside alone in another place/ town away from wife for work for longer than 6 months?	
1. Yes	2. No
99. Not Applicable (For widows /unmarried women)	

Signature

Name Maga Neboru
(Person filling the form)

L.T. PHC Rag

Signature

Name Dr. Toyin Duke
(In charge of the Surveillance Site)

Dr. Toyin Duke
Medical Officer
PHC Rag

Inconsistent responses: invalid entry

The age is stated as 24 years and duration of stay as 30 years

1. Age (in completed years) / आयु (संपूर्ण वर्षों में)

2. Literacy Status / साक्षरता स्थिति

1. Illiterate / निरक्षर

2. Literate and till 5th standard / साक्षर और पाँचवी तक

3. 6th to 10th standard / छठी से दसवीं

4. 11th to Graduation / ग्यारहवीं से स्नातक

5. Post Graduation / स्नातकोत्तर

3. Order of Current Pregnancy / वर्तमान गर्भ का क्रम

1. First / पहली बार

2. Second / दूसरी बार

3. Third / तीसरी बार

4. Fourth or more / चौथी या उससे ज्यादा

4. Source of Referral to the ANC clinic / प्रसवपूर्व जाँच केन्द्र में रेफरल का स्रोत

1. Self Referral / स्वतः रेफरल

2. Family/ Relatives/ Neighbors/ friends / परिवार/ रिश्तेदार/ पड़ोसी/

3. NGO / एन.जी.ओ

4. Private Hospital (Doctor/ Nurses) / निजी अस्पताल (डॉक्टर/ नर्स)

5. Govt. Hospital (including, ASHA/ANM) / सरकारी अस्पताल (आशा/ए.एन.एम.)

6. ICTC / ART Centre / आई.सी.टी.सी./ ए.आर.टी. केन्द्र

5. Current Place of Residence / वर्तमान निवास स्थान

1. Urban (Municipal Corporation / Council / Cantonment) / शहरी (नगरपालिका/निगम/छावनी)

2. Rural / ग्रामीण

6. Duration of Stay at Current Place of Residence / वर्तमान निवास स्थान में ठहरने की अवधि 30 years / वर्ष 2 months /

Inconsistent responses: invalid entry

8. Current Occupation of the Spouse / प्रतिवादी के पति का वर्तमान व्यवसाय

- | | |
|--|---|
| 1. Agricultural Labourer / कृषि श्रमिक | 2. Non-Agricultural Labourer / गैर कृषि श्रमिक |
| 4. Skilled / Semiskilled worker / कुशल / अर्धकुशल श्रमिक | 5. Petty business / small shop / लघु उद्योग / छोटी दुकान |
| 7. Service (Govt./Pvt.) / कर्मचारी (सरकारी / निजी) | 8. Student / विद्यार्थी |
| 10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc. / स्थानीय परिवहन कार्यग्राहक (ऑटो / टैक्सी ड्राइवर, ठेलेवाले, रिक्शेवाले) | |
| 11. Hotel Staff / होटल कर्मचारी | 12. Agricultural cultivator / landholder / कृषक / जमींदार |
| 13. Unemployed / बेरोजगार | 99. Not Applicable (For Newly married/ Widows) / लागू नहीं होता (अविवाहित / विधवा महिलाओं के लिए) |

If current occupation of spouse is applicable and recorded (i.e the woman is currently married), migrant status of spouse is also applicable.

9. Does spouse reside alone in another place/ town away from wife for work for longer than 6 months? / क्या प्रतिवादी के पति उनसे दूर काम करने के लिए 6 महीनों से ज्यादा किसी दूसरे स्थान पर रहते हैं?

- | | | |
|--------------|--------------|---|
| 1. Yes / हां | 2. No / नहीं | 99. Not Applicable (For widows /unmarried women) / लागू नहीं होता (अविवाहित / विधवा महिलाओं के लिए) |
|--------------|--------------|---|

Ensuring Quality of Data on Data Form

- ▶ Person completing the data form should check for completeness, write his/her name, sign and put date
- ▶ Lab Technician must check that all questions in data form are completed or not, before collecting blood specimen. If response is not recorded for any question, it should be sent back to the nurse/counselor so that information may be collected when the individual is still in the facility
- ▶ Site in-charge should verify the completed data forms every day and then sign and put date. Blank data forms should NEVER be signed in advance
- ▶ If there are any issues or mistakes in filling the data forms, site in-charge should discuss with concerned staff and guide them

Ensuring Unlinked Anonymous Testing

- ▶ To ensure Unlinked Anonymous Testing, personal identifiers should **not** be mentioned on the data form, namely :
 - ▶ Name
 - ▶ Address
 - ▶ OPD/ANC registration number
- ▶ These could potentially link the data form to the individual
- ▶ Similarly, HSS sample no. or any mark indicating inclusion in HSS should not be mentioned in the ANC Register or ANC patient/OPD card
- ▶ No separate register should be maintained for HSS
- ▶ Data forms should not be retained or photocopied for retention at the sentinel site

See Pg 18, 19,
20, 21 of
Operations
Manual

Question-wise Instructions

See Annex 1
Pg 36 and 37
of Operations
Manual

Site and Sample Details

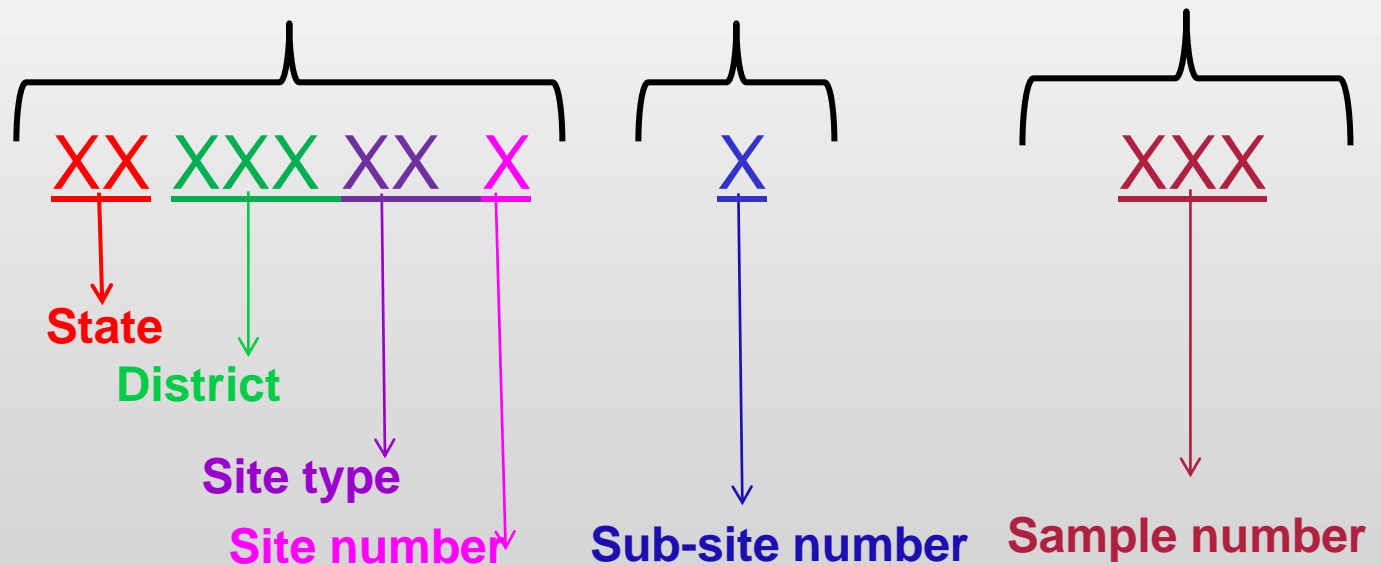
State/ राज्य:		District/ जिला:	
OR Write the details on the left			
Site Name / साइट का नाम:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Site Code)		(Sub-site No.)	(Sample No.)
(Date-DD/MM/YY)			

Paste Sticker/Stamp on the right

- ▶ Stamp or place the sticker with details of State, District, Name of the sentinel site, site code and sub-site number in the empty box.
 - ▶ Write the following 2 items manually
 - ▶ **Sample number stating with 001**
 - ▶ **Date of sample collection in DD/MM/YY format**
- ▶ If Stamp or sticker is not provided by SACS, manually enter all the details in the box on the left

Site Code and Sample Code

- ▶ Site code is an eight digit unique number given to each sentinel site comprising: state (2 digits), district (3 digits) site type (2 digits) followed by site number (1 digit).
- ▶ This is followed by the sub-site number (1 digit) and the sample number (3 digits)
- ▶ Sample Code (12) = Site code(8) + Sub-site No.(1) + Sample No.(3)



Sub-site Number & Sample Number

Sub-site Number: In case of composite sites, sub-site number allotted by SACS can be from 1 - 5. In case of a single site, it is a one-digit number, i.e. '0'

Sample Number: The three-digit sample number at each site and sub-site should begin from '001'

- ▶ If the site is asked to collect additional samples (in case of invalid/rejected samples), the additional samples should be given fresh numbering in continuation to the last sample number, i.e. 400/x (where x is the sample size allotted to a sub-site)
- ▶ The sample number of the invalid samples **SHOULD NOT** be given to these additional samples

Sub-site Number and Sample Number

Examples:

- ▶ A sub-site has been allotted the sub-site number '2' and sample size of 50. Here, the sub-site number should be mentioned as '2' and sample numbers should be assigned from 001 to 050
- ▶ If, at the same sub-site, sample numbers 020, 034 & 042 are found to be invalid at the HSS testing lab, three additional samples need to be collected. The three additional samples should be given sample numbers 051, 052 & 053

Sub-site Number and Sample Number

Examples:

- ▶ At a “single” ANC site, (i.e. an ANC site that is not a composite site) the sub-site number should be mentioned as ‘0’ and sample numbers should be assigned from 001 to 400
- ▶ If, at the same site, four samples are found to be invalid, four additional samples may be collected and given sample numbers 401, 402, 403 & 404

Age

1. **Age** (in completed years) / आयु (संपूर्ण वर्षों में)

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Instructions

- ▶ Write the age of the respondent in completed years.
- ▶ E.g.:
 - ▶ If the respondent is 24 years and 10 months old, the age entered should be 24
 - ▶ If the respondent is 32 years and 2 months old, the age entered should be 32
 - ▶ If the respondent is 42 years and 6 months old, the age entered should be 42

Literacy Status

2. Literacy Status / साक्षरता स्थिति

- | | | |
|---|---|---|
| 1. Illiterate / निरक्षर | 2. Literate and till 5 th standard / साक्षर और पाँचवी तक | 3. 6 th to 10 th standard / छठी से दसवीं तक |
| 4. 11 th to Graduation / ग्यारहवीं से स्नातक | 5. Post Graduation / स्नातकोत्तर | |

Instructions

► Circle the appropriate literacy status using the explanation given below:

1. Illiterate: Without any formal or non-formal education

2. Literate and till 5th standard: Those with non-formal education or those who joined school but did not study beyond 5th standard

3. 6th to 10th standard: Those who studied beyond 5th standard but not beyond 10th standard

4. 11th to Graduation: Those who studied beyond 10th standard but not beyond graduation. Includes those with technical education/ diplomas

5. Post Graduation: Those who studied beyond graduation

Order of Pregnancy

3. Order of Current Pregnancy / वर्तमान गर्भ का क्रम

1. First / पहली बार

2. Second / दूसरी बार

3. Third / तीसरी बार

4. Fourth or more / चौथी या उससे ज्यादा

Instructions

- ▶ The order of pregnancy denotes the number of times a woman has become pregnant. It includes the number of live births, still births and abortions. Enquire about each of the above and add them to arrive at the order of pregnancy
- ▶ Circle the appropriate number

Source of Referral to ANC

4. Source of Referral to the ANC clinic / प्रसवपूर्व जाँच केन्द्र में रेफरल का स्रोत

- | | |
|---|--|
| 1. Self Referral / स्वतः रेफरल | 2. Family/ Relatives/ Neighbors/ Friends / परिवार / रिश्तेदार / पड़ोसी / दोस्त |
| 3. NGO / एन.जी.ओ | 4. Private Hospital (Doctor/ Nurses) / निजी अस्पताल (डॉक्टर / नर्स) |
| 5. Govt. Hospital (including, ASHA/ANM) / सरकारी अस्पताल (आशा / ए.एन.एम.) | 6. ICTC / ART Centre / आई.सी.टी.सी / ए.आर.टी केन्द्र |

Instructions

- ▶ Enquire about who referred the woman for ANC visit. Government health care providers include ANM, ASHA, doctors/nurses at PHC, CHC.etc.
- ▶ Circle the appropriate option

Current Place of Residence

5. Current Place of Residence / वर्तमान निवास स्थान

1. Urban (Municipal Corporation / Council / Cantonment) / शहरी (नगरपालिका / निगम / छावनी)

2. Rural / ग्रामीण

Instructions

- ▶ Enquire if the current place of residence of the respondent (the place she lives with her husband) falls under Municipal Corporation or Municipal Council or Cantonment Area
- ▶ If *yes*, circle the first option (Urban)
- ▶ If *no*, circle the second option (Rural)
- ▶ Don't write the name of the place

Duration of Stay at Current Place of Residence

6. Duration of Stay at Current Place of Residence / वर्तमान निवास स्थान में ठहरने की अवधिyears / वर्ष.....months / महीने

Instructions

- ▶ Enquire about the duration of stay at the current place of residence (the place where she is living with her husband) and write the response in years and months
- ▶ If the duration is less than one year, write '0' years and the number of months as reported by the respondent
- ▶ If the duration is less than one month, write '0' years '1'month

Current Occupation of the Respondent

7. Current Occupation of the Respondent / प्रतिवादी का वर्तमान व्यवसाय

1. Agricultural Labourer / कृषि श्रमिक
2. Non-Agricultural Labourer / गैर कृषि श्रमिक
3. Domestic Servant / घरेलू नौकर
4. Skilled/Semiskilled worker / कुशल/अर्धकुशल श्रमिक
5. Petty business/small shop/लघु उद्योग/छोटी दुकान
6. Large Business/Self employed/विस्तृत उद्योग/स्वरोजगार
7. Service (Govt./Pvt.) / कर्मचारी (सरकारी/निजी)
8. Student / विद्यार्थी
9. Truck Driver/helper / ट्रक चालक/सहायक
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc. / स्थानीय परिवहन कर्मचारी (ऑटो/टैक्सी ड्राइवर, ठेलेवाले, रिक्शेवाले)
11. Hotel Staff / होटल कर्मचारी
12. Agricultural cultivator /landholder / कृषक/जमींदार
14. Housewife / गृहणी

Instructions on next page...

Instructions

- ▶ Circle the appropriate current occupation of the respondent using the explanations given below. Only the categories which need some elaboration are explained below
- 2. Non-Agricultural Labourer:** includes workers at construction sites, quarries, stone crushers, road or canal works, brick- kilns, etc.
- 4. Skilled/ Semi-skilled worker:** includes workers in small-scale or cottage industries; industrial/ factory workers; technicians such as electricians, masons, plumbers, carpenters, goldsmiths, iron-smiths, those involved in automobile repair works etc.; artisans such as weavers, potters, painters, cobblers, shoe-makers, tailors etc
- 5. Petty business/small shop:** Includes vendors selling vegetables, fruits, milk, newspapers, etc. or running a pan shop
- 6. Large business/ self-employed:** Includes professionals and businessmen
- 7. Service:** Those working on salary basis in government, private or institutional sector excluding drivers, hotel staff

Occupation of the Spouse

8. Current Occupation of the Spouse / प्रतिवादी के पति का वर्तमान व्यवसाय

- | | | |
|---|---|--|
| 1. Agricultural Labourer / कृषि श्रमिक | 2. Non-Agricultural Labourer / गैर कृषि श्रमिक | 3. Domestic Servant / घरेलू नौकर |
| 4. Skilled / Semiskilled worker / कुशल / अर्धकुशल श्रमिक | 5. Petty business / small shop / लघु उद्योग / छोटी दुकान | 6. Large Business / Self employed / विस्तृत उद्योग / स्वरोजगार |
| 7. Service (Govt./Pvt.) / कर्मचारी (सरकारी / निजी) | 8. Student / विद्यार्थी | 9. Truck Driver/helper / ट्रक चालक / सहायक |
| 10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc. / स्थानीय परिवहन कर्मचारी (ऑटो / टैक्सी ड्राइवर, ठेलेवाले, रिक्शेवाले) | | |
| 11. Hotel Staff / होटल कर्मचारी | 12. Agricultural cultivator / landholder / कृषक / जमींदार | |
| 13. Unemployed / बेरोजगार | 99. Not Applicable (For Never married/ Widows) / लागू नहीं होता (अविवाहित / विधवा महिलाओं के लिए) | |

Instructions

- ▶ Same as instructions for Occupation of Respondent
- ▶ If the woman is never married or a widow, circle option '99' (Not Applicable)

Spouse Migration Status

9. Does spouse reside alone in another place/ town away from wife for work for longer than 6 months? / क्या प्रतिवादी के पति उनसे दूर काम के लिए 6 महीनों से ज्यादा किसी दूसरे स्थान पर रहते हैं?

1. Yes / हां

2. No / नहीं

99. Not Applicable (For widows /unmarried women) / लागू नहीं होता (अविवाहित /विधवा महिलाओं के लिए)

Instructions

- This question is asked to understand migration status of the spouse. If the spouse lives away from the wife for more than 6 months in a year, then circle 'Yes' otherwise, circle 'No'. If the woman is widowed or never married, circle the option '99' (Not Applicable)

Properly filled Data Form

An Example

HSS 2010: Data Form for Antenatal Clinic Attendees (ANC)

এইচ এস এস ২০১০ - প্রসূতি ক্লিনিকে উপস্থিতির ফর্ম

1

(Please fill the site details in the box below OR Paste the sticker with site details/ Stamp the site details in the empty box)

নিম্নে প্রদত্ত বক্সগুলিকে স্থানীয় তথ্য সমূহের দ্বারা পূরণ করুন অথবা ফাঁকা বক্সে বিশদ তথ্যের স্ট্যাম্প লাগান

State রাজ্য.....	District জেলা.....
Site Name স্থানের নাম.....	
19323011	097050211
Site Code সাইট কোড	Sub Site Code সাব সাইট কোড
Sample No. নমুনা নং	Date DD/MM/YY তারিখ- দিন/মাস/বছর

--

1. Age (in completed years) বয়স (পূর্ণ বৎসরের হিসাবে)

18

2. Literacy Status শিক্ষাগত মান

1. Illiterate অশিক্ষিত	2. Literate and till 5th standard পঞ্চম শ্রেণি অবধি শিক্ষিত	3. 6th to 10th standard ষষ্ঠ থেকে দশম মান	4. 11th to Graduation একাদশ থেকে স্নাতক	5. Post Graduation স্নাতকোত্তর
---------------------------	--	--	--	-----------------------------------

3. Order of Current Pregnancy গর্ভ ধারণের ক্রম

1. First প্রথম	2. Second দ্বিতীয়	3. Third তৃতীয়	4. Fourth or more চতুর্থ বা তদুর্ধ
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4. Source of Referral to the ANC clinic প্রসূতি ক্লিনিকের পরিচিতি সূত্র

1. Self Referral স্ব-পরিচিতি	2. Family/ Relatives/ Neighbors/ Friends পরিবার/আত্মীয়/প্রতিবেশী/বন্ধু-বান্ধব	3. NGO এন.জি.ও.
4. Private (Doctor/Nurses) বেসরকারী চিকিৎসক/সেবিকা	5. Govt. (including, ASHA/ ANM) সরকারী - আশা/এ.এন.এম. ইত্যাদি	6. ICTC/ART Centre আই.সি.টি.সি./এ.আর.টি. সেন্টার

5. Current place of residence বর্তমান বাসস্থান

1. Urban (Municipal Corporation / Council /Cantonment) শহর (মিউনিসিপ্যাল কর্পোরেশন/কাউন্সিল/ক্যান্টনমেন্ট)	2. Rural গ্রাম
---	----------------

6. Duration stay at current place of residence: 0 years 9 months, বর্তমান বাসস্থানে অবস্থিতি কাল :বছর.....মাস

7. Current Occupation of the Respondent অংশগ্রহণকারীর বর্তমান পেশা		
1. Agricultural Labourer কৃষি শ্রমিক	2. Non-Agricultural Labourer অকৃষি শ্রমিক	3. Domestic Servant পারিবারিক ভূতা
4. Skilled / Semiskilled worker দক্ষ/অর্ধদক্ষ শ্রমিক	5. Petty business/small shop ছোট ব্যবসা/ছোট দোকান	6. Large Business/Self employed বড় ব্যবসায়ী/স্ব-নিযুক্ত
7. Service (Govt./Pvt.) চাকুরি (সরকারি/বেসরকারি)	8. Student ছাত্র	9. Truck Driver/helper ট্রাক চালক / সহায়ক
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc.) স্থানীয় পরিবহন কর্মী (অটো, ট্যাক্সি, ঠেলা, রিক্সা চালক)	11. Hotel Staff হোটেল কর্মী	12. Agricultural cultivator/ landholder কৃষক/জমির মালিক
	14. Housewife গৃহবধূ	

8. Current Occupation of the Spouse স্বামীর বর্তমান পেশা		
1. Agricultural Labourer কৃষি শ্রমিক	2. Non-Agricultural Labourer অকৃষি শ্রমিক	3. Domestic Servant পারিবারিক ভূতা
4. Skilled / Semiskilled worker দক্ষ/অর্ধদক্ষ শ্রমিক	5. Petty business/small shop ছোট ব্যবসা/ছোট দোকান	6. Large Business/Self employed বড় ব্যবসায়ী/স্ব-নিযুক্ত
7. Service (Govt./Pvt.) চাকুরি (সরকারি/বেসরকারি)	8. Student ছাত্র	9. Truck Driver/helper ট্রাক চালক / সহায়ক
10. Local transport worker (auto/ taxi driver, handcart pullers, rickshaw pullers etc.) স্থানীয় পরিবহন কর্মী (অটো, ট্যাক্সি, ঠেলা, রিক্সা চালক)	11. Hotel Staff হোটেল কর্মী	12. Agricultural cultivator/ landholder কৃষক/জমির মালিক
13. Unemployed বেকার		99. Not Applicable (For Never married/ Widows) প্রযোজ্য নহে (অবিবাহিতা/বিধবাদের জন্য)

9. Does spouse reside alone in another place/ town away from wife for work for longer than 6 months?		
স্বামী কি স্ত্রীকে ছেড়ে ছ-মাসের বেশি কাজের জন্য অন্যত্র থাকেন		
1. Yes হ্যাঁ	2. No না	99. Not Applicable (For widows /unmarried women) প্রযোজ্য নহে (অবিবাহিতা/বিধবাদের জন্য)

Signature স্বাক্ষর

Name নাম

(Person filling the form) (কর্মীর নাম)

Signature স্বাক্ষর

Name নাম

(In charge of the Surveillance Site) (আধিকারিক, সারভিলেন্স সাইট)

Practical Exercise – Case 1

26 year old Bhavani is a graduate who gives tuitions in her house to children from classes 2-3. She is 4 months pregnant and has come to the ANC OPD on January 16, 2013. This is her second pregnancy and first pregnancy ended in an abortion. Surveillance at this site began on January 15, 2013. This is her second visit and she had earlier registered at the ANC on 21st October 2012. Her husband works as a plumber in the local primary school. They have been married for 1 year and she has been living with her husband since then at Rampur village.

- ▶ **Is this woman eligible for surveillance?**
- ▶ **How will you proceed for this women in your survey?**
- ▶ **Please complete a data form for this women.**

Practical Exercise – Case 2

A 17 year old woman in her 8th month of pregnancy presents to the ANC OPD in MG Hospital in Bareilly on 2nd February 2013 for the first time. Surveillance at this site began on 1st January, 2013. She had a spontaneous abortion in the second month of her 1st pregnancy last year, but this time she says she had no problems/complaints. Her husband is a farmer but she is a house wife. Bareilly hospital has as an ongoing PPTCT program.

- ▶ **Is this woman eligible for surveillance?**
- ▶ **How will you proceed for this women in your survey?**
- ▶ **Please complete a data form for this women**

Practical Exercise – Case 3

A 15 year old tribal girl is brought to the ANC OPD on 15th March 2013 by her mother with 5 months amenorrhea. She is unmarried, does not go to school and helps her mother in the house. She also sells berries on the highway. This is her first pregnancy and has lived in the same area all her life. This is her first visit to the clinic.

- ▶ **Is this woman eligible for surveillance?**
- ▶ **How will you proceed to include this woman in your survey?**
- ▶ **Please complete a form for this woman, if eligible**
- ▶ **What information is missing in this case?**

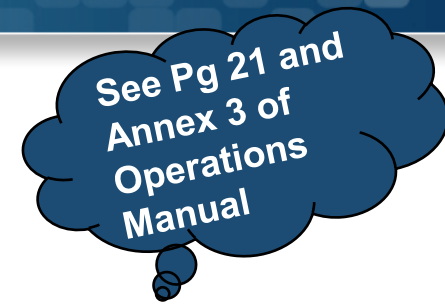
Practical Exercise – Case 4

21 year old Geeta is studying in 2nd year BA. She is 7 months pregnant and has come to the ANC OPD on 12th March 2013. This is her second visit and she had earlier registered at the ANC on 11th January 2013. Surveillance at this site began on 1st January, 2013. Her husband is a clerk in SBI and they live in the same town.

- ▶ **Is this woman eligible for surveillance?**
- ▶ **How will you proceed to include this woman in your survey?**
- ▶ **Please complete a data form for this woman, if eligible**
- ▶ **What information is missing in this case?**

Transportation of Data Forms

General Instructions



- ▶ The responsibility of sending the data forms along with Data Form Transportation Sheets (DFTS) is primarily that of the nurse/Counselor
- ▶ Completed Data Forms should be sent to the **respective Regional Institute every week**, accompanied by duly filled Data Form Transportation Sheets (DFTS) in duplicate and one more copy should be retained at sentinel site
- ▶ An acknowledgement of receipt from the RI will be returned to the site within two weeks, which should be stored at site for future reference
- ▶ Contact the RI for receipt of DFTS , if not received within 2 weeks of dispatch

Instructions for Filling Data Form Transportation Sheet

1. Name and Complete Address of the Sentinel Site: _____

_____ District: _____ State: _____
2. A) Type of Site: B) Site Code:

--	--	--	--	--	--	--	--

 C) Sub-site No.

--
3. Period of Sample Collection: _____(dd/mm/yy) to _____(dd/mm/yy)

Instructions

- ▶ Clearly write the name and complete address of the sentinel site/sub-site, including district and state
- ▶ Mention the type of sentinel site, i.e. ANC. Write the site code and sub-site number
- ▶ The period of sample collection i.e. the period for which data forms are being sent, should be written in dd/mm/yy format

Instructions for Filling Data Form Transportation Sheet

4. Total No. of Data Forms: _____
5. Total Number of Envelopes: _____
6. Details of Sample Numbers whose data forms are being sent:

S. No	Date of Collection	Sample No.	S. No	Date of Collection	Sample No.	S. No	Date of Collection	Sample No.	S. No	Date of Collection	Sample No.
1			26			51			76		
2			27			52			77		
3			28			53			78		
4			29			54			79		
5			30			55			80		
6			31			56			81		

Instructions

- ▶ Write the total number of data forms and the number of envelopes (containing the data forms) being sent
- ▶ In the table, write the date of collection and sample number of each sample, whose data forms are being sent
- ▶ If the space provided in the table is not sufficient, please attach another sheet

Instructions for Filling Data Form Transportation Sheet

Data Forms Sent by: _____
(Name) (Signature) (Tel/ Mobile No.)

Date of Sending Data Forms: _____

Data Forms Received by: _____
(Name) (Signature)

Date of Receipt of Data Forms: _____

Instructions

- ▶ The sender should write legibly his / her name and telephone number and sign at the designated place before sending the data forms
- ▶ Also write the date of dispatch of the data forms
- ▶ The name, signature of the person receiving the data forms and date of receiving the data forms at the RI will be written by the recipient and one of the two sheets will be returned to sentinel site
- ▶ The signed copy of data form transportation sheet received from the RI should be securely stored at site for any future reference

Incorrectly filled Data Form Transportation Sheet (DFTS) An Example

**Number of envelopes
not indicated**

(To be sent in duplicate along with the samples)

1. Name and Complete Address of the Sentinel Site: BARPETA CIVI HOSPITAL
- _____ District: BARPETA State: ASSAM
2. A) Type of Site: ANC B) Site Code: 184430011
3. Period of Sample Collection: 20/11/10 (dd/mm/yy) to 26/12/10 (dd/mm/yy)
4. Total No. of Data Forms: 18
5. Total Number of Envelopes:
6. Details of Sample Numbers whose data forms are being sent:
- Number of data forms are
not correct

Number of data forms
not correct

[illegible]

19			44			69				
20			45			70			95	
21			46			71			96	
22			47			72			97	
23			48			73			98	
24			49			74			99	
25			50			75			100	

If space provided above is not sufficient, please attach another sheet.

Data Forms Sent by:

(Name)

[Signature]

(Signature)

985431749

(Tel/ Mobile No.)

Date of Sending Data Forms:

26/12/10

Data Forms Received by:

Ramesh Rameshwar

(Name)

[Signature]

(Signature)

Date of Receipt of Data Forms:

27/12/10

Name of person

sending form is missing

DISCUSSION

END OF SESSION 4