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**Collection:** LOGIN  
**Contains:** DATSTAT\_ALTPID



**Banco Interamericano de Desarrollo**

### Salud Mesoamerica 2015 (SM2015)

#### Login page for the Health Facility Survey

**Question:** DATSTAT\_ALTPID  
**Required**



ID:

**Collection:** MEDICAL\_RECORD\_REVIEW  
**Contains:** MRR\_LOG\_IN, MRR\_LBW

#### Medical Record Review

**Collection:** MRR\_LOG\_IN  
**Contains:** MRR\_FACILITY\_ID, MRR\_FAC\_ID, MRR\_DATE, MRR\_INTERVW\_ID1, MRR\_INTERVW\_ID2

**Question:** MRR\_FACILITY\_ID  
**Required**

Scale Summary		
Code	Label	Show-If
1	Orange Walk Town / Northern Regional Hospital	
2	San Jose Village / Zenobia Meggs Health Center	
3	San Felipe Village / San Felipe Health Center	
4	August Pine Ridge Village / August Pine Ridge Health Center	
5	Guinea Grass Village / Guinea Grass Health Center	
6	Santa Martha Village / Santa Martha Health Post	
7	Carmelita Village / Carmelita Health Post	
8	Lousiana Area, Orange Walk town / Lousiana Health post	
9	Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)	
10	San Lazaro Village / Ignacia Moguel Health Post	
11	San Carlos Village / San Carlos Health Post	
12	Indian Church village / Indian Church Health Post	
13	San Antonio Village / San Antonio Health Post	

14	san Roman Village / San Roman Health Post	
15	Orange Walk Town / Mobile Clinic	
16	Corozal Town / Corozal Community Hospital	
17	San Narciso Village / San Narciso Health Center	
18	Caledonia Village / Caledonia Health Center	
19	Libertad Village / Libertad Health Center	
20	Sarteneja Village / Sarteneja Health Center	
21	Progresso Village / Progresso Health Center	
22	Chunox Village / Chunox Health Post	
23	Concepcion Village / Concepcion Health Post	
24	San Joaquin Village / San Joaquin Health Post	
25	Xaibe Village / Xiabe Health Post	
26	Chan Chen Village / Chan Chen Health Post	
27	Corozal Town / Mobile Clinic	
28	Belmopan City / Western Regional Hospital	
29	Belmopan City / Belmopan Health Center	
30	Valley of Peace Village / Valley of Peace	
31	Cotton Tree Village / Cotton Tree Health post	
32	St Matthews Village / St Matthews Health Post	
33	Franks Eddy Village / Franks Eddy Health Post	
34	Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)	
35	Belmopan City / Mobile Clinic	
36	San Ignacio / San Ignacio Community Hospital	
37	Benque Viejo Del Carmen / Mopan Clinic	
38	Georgeville / Georgeville Health Center	
39	San Antonio Village / San Antonio Health Post	
40	San Ignacio / Mobile Clinic	
99	Other	



#### 1. Facility ID:

- Orange Walk Town / Northern Regional Hospital
- San Jose Village / Zenobia Meggs Health Center
- San Felipe Village / San Felipe Health Center
- August Pine Ridge Village / August Pine Ridge Health Center
- Guinea Grass Village / Guinea Grass Health Center
- Santa Martha Village / Santa Martha Health Post
- Carmelita Village / Carmelita Health Post
- Lousiana Area, Orange Walk town / Lousiana Health post
- Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)
- San Lazaro Village / Ignacia Moguel Health Post
- San Carlos Village / San Carlos Health Post
- Indian Church village / Indian Church Health Post
- San Antonio Village / San Antonio Health Post
- san Roman Village / San Roman Health Post
- Orange Walk Town / Mobile Clinic
- Corozal Town / Corozal Community Hospital
- San Narciso Village / San Narciso Health Center

- Caledonia Village / Caledonia Health Center
- Libertad Village / Libertad Health Center
- Sarteneja Village / Sarteneja Health Center
- Progreso Village / Progreso Health Center
- Chunox Village / Chunox Health Post
- Concepcion Village / Concepcion Health Post
- San Joaquin Village / San Joaquin Health Post
- Xaibe Village / Xaibe Health Post
- Chan Chen Village / Chan Chen Health Post
- Corozal Town / Mobile Clinic
- Belmopan City / Western Regional Hospital
- Belmopan City / Belmopan Health Center
- Valley of Peace Village / Valley of Peace
- Cotton Tree Village / Cotton Tree Health post
- St Matthews Village / St Matthews Health Post
- Franks Eddy Village / Franks Eddy Health Post
- Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)
- Belmopan City / Mobile Clinic
- San Ignacio / San Ignacio Community Hospital
- Benque Viejo Del Carmen / Mopan Clinic
- Georgeville / Georgeville Health Center
- San Antonio Village / San Antonio Health Post
- San Ignacio / Mobile Clinic
- Other

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**Question:** MRR\_FAC\_ID  
**Required**  
**Show if:** (MRR\_FACILITY\_ID = 99:[Other])

 2. Facility ID:

**Question:** MRR\_DATE  
**Required**

 3. Date:

 (DD/MM/YYYY)

**Question:** MRR\_INTERVW\_ID1  
**Required**

 4. Interviewer ID 1:

**Question:** MRR\_INTERVW\_ID2

 5. Interviewer ID 2:

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**Collection:** MRR\_LBW  
**Contains:** MRR\_AMB, MRR\_BASIC, MRR\_COMP, VACCINES

### Management of low weight for age

Please identify medical record of children 0-23 months with low weight-for-age during the last 2 years and check if the following is recorded.

**Collection:** MRR\_AMB  
**Contains:** MRR\_LBW\_AMB\_REF, MRR\_LBW\_AMB\_REF\_REASON  
**Show if:** (FACILITY\_TYPE = 1)

Check if the following recorded in the medical chart

**Custom Layout Question:** MRR\_LBW\_AMB\_OBS

 6.	Recorded (yes/no)
Weight recorded in each visit	<input type="checkbox"/>
Height/length recorded in each visit	<input type="checkbox"/>
Charting of weight and height on take home cards	<input type="checkbox"/>
Provide supplements	<input type="checkbox"/>
Assess feeding practices of children at risk or with undernutrition	<input type="checkbox"/>
Counsel mothers and caregivers on prevention of undernutrition	<input type="checkbox"/>
Counsel mothers and caregivers on hygiene practices	<input type="checkbox"/>
Counsel mothers and caregivers on how to prepare age-specific meals	<input type="checkbox"/>
Counsel mothers and caregivers on how to feed the child	<input type="checkbox"/>

Page Break

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**Question:** MRR\_LBW\_AMB\_REF

**Required**

**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



7. Was the baby referred?

- Yes
- No
- Not recorded

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Auto Page Break

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**Question:** MRR\_LBW\_AMB\_REF\_REASON

**Required**

**Show if:** (MRR\_LBW\_AMB\_REF = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Severely undernourished	
2	Not responding to the treatment	
995	Other (specify):	
-1	Not recorded	



8. Why was the baby referred?

- Severely undernourished
- Not responding to the treatment
- Other (specify):
- Not recorded

Page Break

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**Collection:** MRR\_BASIC

**Contains:** MRR\_LBW\_BASIC\_BF, MRR\_LBW\_BASIC\_VITD, MRR\_LBW\_BASIC\_VITD\_DOSE, MRR\_LBW\_BASIC\_VITD\_AGE, MRR\_LBW\_BASIC\_IRON, MRR\_LBW\_BASIC\_IRON\_DOSE, MRR\_LBW\_BASIC\_IRON\_AGE, MRR\_LBW\_BASIC\_MULTI, MRR\_LBW\_BASIC\_REF, MRR\_LBW\_BASIC\_REF\_REASON

**Show if:** (FACILITY\_TYPE = 2)

Check if the following recorded in the medical chart

**Custom Layout Question:** MRR\_LBW\_BASIC\_OBS

	9.	Recorded (yes/no)
	Weight recorded in each visit	<input type="checkbox"/>
	Height/length recorded in each visit	<input type="checkbox"/>
	Charting of weight and height on take home cards	<input type="checkbox"/>
	Provide supplements	<input type="checkbox"/>
	Assess feeding practices of children at risk or with undernutrition	<input type="checkbox"/>
	Counsel mothers and caregivers on prevention of undernutrition	<input type="checkbox"/>
	Counsel mothers and caregivers on hygiene practices	<input type="checkbox"/>
	Counsel mothers and caregivers on how to prepare age-specific meals	<input type="checkbox"/>
	Counsel mothers and caregivers on how to feed the child	<input type="checkbox"/>

Page Break

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**Question:** MRR\_LBW\_BASIC\_BF

**Required**

**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



10. Was the baby exclusively breastfed?

- Yes
- No
- Not recorded

Page Break

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**Question:** MRR\_LBW\_BASIC\_VITD

**Required**

**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



11. Was Vitamin D prescribed?

- Yes
- No
- Not recorded

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Auto Page Break

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**Question:** MRR\_LBW\_BASIC\_VITD\_DOSE

**Required**

**Show if:** (MRR\_LBW\_BASIC\_VITD = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Dose:	
-1	Not recorded	



12. Please record dose of vitamin D

- Dose:  mg/day
- Not recorded

**Question:** MRR\_LBW\_BASIC\_VITD\_AGE

**Required**

**Show if:** (MRR\_LBW\_BASIC\_VITD = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Age:	
-1	Not recorded	



13. Please record age (in months) of the baby when vitamin D was initiated

- Age:  months
- Not recorded

Page Break

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**Question:** MRR\_LBW\_BASIC\_IRON**Required****Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



14. Was iron prescribed?

- Yes
- No
- Not recorded

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**Question:** MRR\_LBW\_BASIC\_IRON\_DOSE**Required****Show if:** (MRR\_LBW\_BASIC\_IRON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Dose:	
-1	Not recorded	



15. Please record dose of iron

- Dose:  mg/kg/day
- Not recorded

**Question:** MRR\_LBW\_BASIC\_IRON\_AGE**Required****Show if:** (MRR\_LBW\_BASIC\_IRON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Age:	
2	Age:	
-1	Not recorded	



16. Please record age of the baby when iron intake was initiated

- Age:  months
- Age:  weeks
- Not recorded

Page Break

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**Question:** MRR\_LBW\_BASIC\_MULTI

**Required**

**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



17. Please record if multivitamins were prescribed?

- Yes
- No
- Not recorded

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Page Break

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**Question:** MRR\_LBW\_BASIC\_REF**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	No recorded	



18. Was the baby referred?

- Yes
- No
- No recorded

Auto Page Break

**Question:** MRR\_LBW\_BASIC\_REF\_REASON

**Required**

**Show if:** (MRR\_LBW\_BASIC\_REF = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Severely undernourished	
2	Not responding to the treatment	
995	Other (specify):	
-1	Not recorded	



19. Why was the baby referred?

- Severely undernourished
- Not responding to the treatment
- Other (specify):
- Not recorded

Page Break

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**Collection:** MRR\_COMP

**Contains:** MRR\_LBW\_COMP\_BF, MRR\_LBW\_COMP\_VITD, MRR\_LBW\_COMP\_VITD\_DOSE, MRR\_LBW\_COMP\_VITD\_AGE, MRR\_LBW\_COMP\_IRON, MRR\_LBW\_COMP\_IRON\_DOSE, MRR\_LBW\_COMP\_IRON\_AGE, MRR\_LBW\_COMP\_MULTI

**Show if:** (FACILITY\_TYPE = 3)

Check if the following recorded in the medical chart

**Custom Layout Question:** MRR\_LBW\_COMP\_OBS

	20.	Recorded (yes/no)
	Weight recorded in each visit	<input type="checkbox"/>
	Height/length recorded in each visit	<input type="checkbox"/>
	Charting of weight and height on take home cards	<input type="checkbox"/>
	Provide supplements	<input type="checkbox"/>
	Assess feeding practices of children at risk or with undernutrition	<input type="checkbox"/>
	Counsel mothers and caregivers on prevention of undernutrition	<input type="checkbox"/>
	Counsel mothers and caregivers on hygiene practices	<input type="checkbox"/>
	Counsel mothers and caregivers on how to prepare age-specific meals	<input type="checkbox"/>
	Counsel mothers and caregivers on how to feed the child	<input type="checkbox"/>

Page Break

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**Question:** MRR\_LBW\_COMP\_BF

**Required**

**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



21. Was the baby exclusively breastfed?

- Yes
- No
- Not recorded

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Page Break

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**Question:** MRR\_LBW\_COMP\_VITD**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



22. Was Vitamin D prescribed?

- Yes
- No
- Not recorded

Auto Page Break

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**Question:** MRR\_LBW\_COMP\_VITD\_DOSE

**Required**

**Show if:** (MRR\_LBW\_COMP\_VITD = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Dose:	
-1	Not recorded	



23. Please record dose of vitamin D

- Dose:  mg/day
- Not recorded

**Question:** MRR\_LBW\_COMP\_VITD\_AGE

**Required**

**Show if:** (MRR\_LBW\_COMP\_VITD = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Age:	
-1	Not recorded	



24. Please record age (in months) of the baby when vitamin D was initiated

- Age:  months
- Not recorded

Page Break

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**Question:** MRR\_LBW\_COMP\_IRON**Required****Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



25. Was iron prescribed?

- Yes
- No
- Not recorded

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Auto Page Break

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**Question:** MRR\_LBW\_COMP\_IRON\_DOSE

**Required**

**Show if:** (MRR\_LBW\_COMP\_IRON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Dose:	
-1	Not recorded	



26. Please record dose of iron

- Dose:  mg/kg/day
- Not recorded

**Question:** MRR\_LBW\_COMP\_IRON\_AGE

**Required**

**Show if:** (MRR\_LBW\_COMP\_IRON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Age:	
2	Age:	
-1	Not recorded	



27. Please record age of the baby when iron intake was initiated

- Age:  months
- Age:  weeks
- Not recorded

Page Break

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**Question:** MRR\_LBW\_COMP\_MULTI**Required****Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



28. Please record if multivitamins were prescribed?

- Yes
- No
- Not recorded

Page Break

**Collection:** VACCINES  
**Contains:** MRR\_LBW\_VACCINES, MRR\_VACCINES

**Question:** MRR\_LBW\_VACCINES

**Required**

**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	



29. Please check if information about vaccines are recorded?

- Yes  
 No

Auto Page Break

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**Question Block:** MRR\_VACCINES

**Contains:** MRR\_VACCINES\_BCG, MRR\_VACCINES\_PENTA, MRR\_VACCINES\_POLIO, MRR\_VACCINES\_DPT, MRR\_VACCINES\_MMR, MRR\_VACCINES\_HEPB, MRR\_VACCINES\_ROTA, MRR\_VACCINES\_PNEUM

**Required**

Show if: (MRR\_LBW\_VACCINES = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes; number of times:	
0	No	

 30. Please check if child received any of the following vaccines and enter number of times each vaccine was given

	Yes; number of times:	No
BCG	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pentavalent	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Polio vaccine	<input type="radio"/> <input type="text"/>	<input type="radio"/>
DPT vaccine	<input type="radio"/> <input type="text"/>	<input type="radio"/>
MMR	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Hep B	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Rotavirus	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pneumococcal conjugate vaccine	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Page Break

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**Question:** COMMENT\_LBW  
**Required**

 31. Enter relevant comments about this section

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**You have reached the end of the survey.**

Please click the button 'submit' to send your responses and close the survey. No revisions to the responses can be made after clicking 'submit'.

If you believe you have reached this page in error, please click 'Previous' and revise your responses as necessary.

Thank you for your time today.

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