Baseline Information on GP in Korangi and Bin Qasim Town

Introduce Indus Hospital and TB Reach Project

Reason of gathering information and related benefits for them

**General Information**

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speciality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinics Landline No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Clinic 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Clinic 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPS Coordinates:

Longitude:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Latitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timings:

Morning Afternoon

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Sunday |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Sunday |  |  |  |  |  |

Evening

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1 | Total number of Adults patients evaluated per day |  |
| 2 | Adult suspect pulmonary TB cases per week (Cat I & Cat 2) |  |
| 3 | Adult suspect pulmonary TB patient visited/month (Cat I & Cat 2) |  |
| 4 | Adult confirmed pulmonary TB patient visited/week (Cat I & Cat 2) |  |
| 5 | Adult confirmed pulmonary TB patient visited/week (Cat I & Cat 2) |  |
| 6 | Total pediatric patients evaluated per day |  |
| 7 | Pediatric suspect pulmonary TB Cases per week |  |
| 8 | Pediatric suspect pulmonary TB Cases per month |  |
| 9 | Pediatric confirmed pulmonary TB Cases per week |  |
| 10 | Pediatric confirmed pulmonary TB Cases per month |  |
| 11 | Where do you send adult/child suspected with TB for diagnostic test (Smear Microscopy/Culture) |  |
| 12 | Is there any where else you send the adult suspected with TB for diagnostic test (Smear Microscopy/Culture) | 1. Yes 2. No |
| 13 | If Yes where else do you send adult suspected TB patients for diagnostic tests |  |
| 14 | Do you provide TB treatment to confirmed adult /child pulmonary TB patients | 1. Yes 2. No |
| 15 | If yes what treatment regimen/drugs do you prescribe to the patient |  |
| 16 | If no do you refer your patient to some other health care provider |  |
| 17 | If yes what is the name of the health care provider/hospital/treatment center that you refer the patient to? |  |
| 18 | Why do you not provide treatment to the patient at your clinic |  |
| 19 | Would you like to provide TB treatment to the patients | 1. Yes 2. No |
| 20 | Is there another clinic where you see patients | 1. Yes 2. No. |

Note to Interviewer: If yes please fill information on the second clinic where the GP sees patients

Name of Clinic 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Clinic 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timings: (Please put X in the grids below for corresponding Days & Time)

Morning Afternoon

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Sunday |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Sunday |  |  |  |  |  |

Evening

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 18:00 | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
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| 5 | Adult confirmed pulmonary TB patient visited/week (Cat I & Cat 2) |  |
| 6 | Total pediatric patients evaluated per day |  |
| 7 | Pediatric suspect pulmonary TB Cases per week |  |
| 8 | Pediatric suspect pulmonary TB Cases per month |  |
| 9 | Pediatric confirmed pulmonary TB Cases per week |  |
|  | Pediatric confirmed pulmonary TB Cases per month |  |
| Note to Interviewer: Ask the GP if they follow different protocol for suspect and confirm TB cases at the second clinic. If it is the same as the first clinic then do not fill section the questions below. | | |
| 10 | Where do you send adult/child suspected with TB for diagnostic test (Smear Microscopy/Culture) |  |
| 11 | Is there any where else you send the adult suspected with TB for diagnostic test (Smear Microscopy/Culture) | 1. Yes 2. No |
| 12 | If Yes where else do you send adult suspected TB patients for diagnostic tests |  |
| 13 | Do you provide TB treatment to confirmed adult /child pulmonary TB patients | 1. Yes 2. No |
| 14 | If yes what treatment regimen/drugs do you prescribe to the patient |  |
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Interviewers Date