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| **Data from checklist** | **Definition** | **Variable Name** | **Values** | **Notes** |
| ID | Consecutive patient ID by date | id | Consecutive numbers | ERRORS:  NEEDS TO BE RE-CODED BASED ON MODIFIED DATES; ALL BASELINE DATA COLLECTED IN FEB/MARCH 2011; ALL DATES AFTER THAT ARE FOLLOW-UP |
| Health Center | Name of Health Center | health\_center | Rwinkwavu  Karama  Kabarondo  Nyamirama  Cyarubare  Rutare  Ruramira  Ndego | Text categories, not numbered categories yet |
| Date of observation | Date that patient was seen by nurse | date\_obs | DD Mon YY  (e.g. 01 Jan 14) | HAVE MADE CORRECTIONS |
| Nurse Name | Initials of nurse | nurse\_name | Initials AABB | HAVE CORRECTED NURSE NAME, NOW HAS TWO INITIALS FOLLOWED BY HEALTH CENTER CODE, E.G. AVWC (ASHWIN VASAN WEILL CORNELL) |
| Nurse ID number | HC code + consecutive nurse number | nurseID | XXYY (e.g. 0101)  HC = 01-08  Nurse = 01-08 | Combined 4-digit ID number; I have a coding sheet to correspond to the number |
| Time at start of consultation | Time when patient consultation began | time\_start | hh:mm | WAS ABLE TO REFORMAT TO MILITARY TIME USING EXCEL |
| Time at end of consultation | Time when patient consultation ended | time\_end | hh:mm:00 AM/PM | EXCEL WOULD NOT LET ME REFORMAT TO MILITARY TIME FOR SOME REASON |
| Is nurse trained in IMAI? | Whether the nurse seeing the patient had been previously trained in IMAI | nurse\_train\_imai | Yes  No | Text (yes/no), not labeled binary yet |
| When was the nurse trained? | There were two training sessions, March and October 2011 | trainmonth | March  October | I MADE THIS VARIABLE BASED ON INITIALS OF NURSE AND THE TRAINING CENSUS |
| Level of nurse education | Education level of nurse seeing the patient | level\_educ | A2  A1  A0 | A2 (lowest level)  A1  A0 (highest level) |
| Experience in OPD | Number of years of experience providing care in the outpatient department (OPD) | exp\_opd | Years (consecutive) | . = missing |
| Patient age | Age of patient being seen | pt\_age | Years (consecutive) | . = missing |
| Patient sex | Sex/gender of patient being seen | pt\_sex | Male  Female | Text categories, not yet numbered |
| Systolic BP | Systolic blood pressure | bp\_sys |  | HAVE CORRECTED ERRORS HERE |
| Diastolic BP | Diastolic blood pressure | bp\_dias | XX consecutive integer | HAVE CORRECTED ERRORS HERE |
| Temperature | Temperature in degrees Celsius | temp | XX.X or XX | ALL MEASURES NOW HAVE 1 DECIMAL PLACE; I THREW OUT VALUES THAT DID NTO MAKE SENSE, E.G. “3” OR “59” OR “46” DEG CELSIUS |
| Weight | Weight in kilograms | weight | XX.X or XX | ONE DECIMAL PLACE |
| Height | Height in cm | Height | XX or XX | HAVE FIXED DECIMAL ERRORS |
| Pulse | Pulse (heart rate) in beats per minute | pulse | XX or XXX | DELETED VALUES SUCH AS “\*” OR “X” |
| Who conducted examination of vital signs? Registration clerk | Vital signs taken by registration clerk | reg\_clerk | 0 = no  1 = yes  -1 = yes | ERROR: -1 = 1, needs to be recoded; FYI can be more person than one who did the vitals |
| Who conducted examination of vital signs? IMAI Nurse | Vital signs taken by nurse | Imai\_nurse | 0 = no  1= yes  -1 = yes | ERROR: -1 = 1, needs to be recoded |
| Who conducted examination of vital signs? Other health center staff | Vital signs taken by other health center staff | other\_staff | 0 = no  1= yes  -1 = yes | ERROR: -1 = 1, needs to be recoded |
| Did the provider perform a complete quick check for emergency signs? | Nurse conducted emergency quick check protocol | sign\_quick | No  Yes | Text categories, not yet numerical |
| Nurse classification of emergency | What did the nurse classify the emergency as? | nurse\_class | Airway/breathing  Fever  Circulation/shock  Pain  Unconscious/ convulsing  None | Text categories, not yet numbered |
| Nurse response to emergency signs (should be completed only if above was positive) | What did the nurse do after finding an emergency sign? | nurse\_response | (Several categories) | Very few positive (<20) responses so may be worthwhile just to look at this variable visually |
| Mentor classification of emergency | What did the observer/mentor classify the emergency as? | mentor\_class | Airway/breathing  Fever  Circulation/shock  Pain  Unconscious/ convulsing  None | Text categories, not yet numbered |
| Mentor response to emergency signs | What did/would the observer/mentor do in response to the emergency? | mentor\_response | (Several categories) | Very few positive (<20) responses so may be worthwhile just to look at this variable visually |
| Did the nurse ask the patient why he/she came to the health center? | Did the nurse ask for a chief complaint(s) specifically? | reason\_hc | No  Yes | Text categories, no yet numerical |
| What was the patient’s primary (chief) complaint | Up to 3 major complaints either offered by the patient or assessed by the nurse during history taking | chief\_complaint1  chief\_complaint2  chief\_complaint3 | * Cough/ difficulty breathing * Fever * Diarrhea * Genital or anal sore,ulcer,wart * Skin problem or lump * Mouth or throat problem * Epigastric pain * Headache or neurological condition * Back or joint pain * MALE with GU symptoms of lower abdominal pain * FEMALE patient with GU symptoms or pelvic pain * Lower extremity edema * Mental problem * Other problem | Text categories, not yet enumerated |
| Mental problem – specific complaint | Write-in specific mental health complaint | mental\_specific1  mental\_specific2  mental\_specific3 | Free text | Not many |
| Other problem – specific complaint | Write-in specific other complaint | other\_specific1  other\_specific2  other\_specific3 | Free text | Also not many |
| Nurse diagnosis | Diagnosis code selected by nurse | nurseSIS1  nurseSIS2  nurseSIS3 | * Abscess * Arthritis * Bloody diarrhea * Bronchitis * Dental Oral Disorder * Digestive disorder * Epilepsy * Eye disorder * Fever * Gastritis * GYN disorder * Headache * Hemorrhoids * HTN * Intestinal parasite * LRTI * Neurological disorder * Non-bloody diarrhea * None * Other * Pneumonia * Skin disorder * STI * URTI * UTI | RE-CODED MANUALLY |
| Mentor diagnosis | Diagnosis code selected by mentor/observer | mentorSIS1  mentorSIS2  mentorSIS3 | Same as above for nurse | “ “ |
| Diagnosis agreement | Did the diagnosis selected by the nurse agree with that selected by the mentor/observer? | classagree1  classagree2  classagree3 | 1=Yes  2=No |  |
| Treatment agreement | Did the treatment selected by the nurse agree with that selected by the mentor/observer? | treatagree1  treatagree2  treatagree3 | 1=Yes  2=No |  |
| Screen for cough | Did the nurse ask about cough or difficulty breathing? | nurseask\_cough | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present | Text categories |
| Screen for weight loss | Did the nurse ask about involuntary weight loss? | nurseask\_weightloss | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present | “ “ |
| Screen for pallor | Did the nurse ask about pallor or check palms/ conjunctivae? | nurseask\_pallor | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Screen for genital or anal lesions | Did the nurse ask about GU lesions | nurseask\_lesions | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Screen MALES for penile discharge | Did the nurse ask MALE patients about urethral discharge? | nurseask\_penile | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Screen MALES for scrotal pain/swelling | Did the nurse ask MALE patients about scrotal pain or swelling? | nurseask\_scrotal | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Screen for bednet | Did the nurse ask about whether pt uses a mosquito net at home | nurseask\_net | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Counseled on bednet use | Did the nurse counsel pts without bednets on appropriate use of insecticide-treated bednet? | nurseask\_counsel\_net | Yes  No | Text categories |
| Screen for tobacco use | Did the nurse screen pts for smoking/tobacco use? | nurseask\_smoke | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Counseled on tobacco cessation | Did the nurse counsel pts who admitted to tobacco use on cessation? | nurseask\_counsel\_smoke | Yes  No | Text categories |
| Screen for alcohol use | Did the nurse screen patients for alcohol use? | nurseask\_alc | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Counseled on alcohol cessation | Did the nurse counsel patients who admitted to alcohol use on cessation? | nurseask\_counsel\_alc | Yes  No |  |
| Screen for sexual activity | Did the nurse ask patient whether they were sexually active? | nurseask\_sex | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Counseled on safe sex | Did the nurse counsel pts who admitted to sexual activity on safe sex practices? | nurseask\_counsel\_sex | 1=Yes  2=No | Not sure why this one is coded differently |
| Screen FEMALES for pregnancy? | Did the nurse ask FEMALE pts whether they could be pregnant? | nurseask\_preg | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Refer to ANC | Did the nurse refer known pregnant women to antenatal clinic (ANC)? | nurseask\_refer\_anc | Yes  No |  |
| Asked FEMALES about LMP | Did the nurse ask FEMALE pts about their last menstrual period? | nurseask\_period\_date | mm/dd/yyyy  DD-Month-YY | Can re-coded as yes/no (0/1)  Different date formats |
| Screen for FP | Did the nurse ask pts about family planning methods? | nurseask\_fp | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Refer to FP clinic | Did the nurse refer pts to FP clinic? | nurseask\_refer\_fpclinic | Yes  No  N/A, N.A. |  |
| HIV test | Did the nurse ask whether the pt had an HIV test in the last 12 mos? | nurseask\_hiv | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| HIV test result | Did the nurse ask about the test result? | nurseask\_hivtest\_result | * No, not asked * Yes asked, symptom not present * Yes asked, symptom present |  |
| Refer for HIV testing | Did the nurse refer pts for HIV testing? | nurseask\_refer\_hivtest | Yes  No |  |
| Refer for malaria smear |  | needmalaria | Refer for malaria smear  Blank |  |
| Refer for HIV testing | Pts in need of HIV testing referred to lab | needHIV | Refer for HIV testing | From drop down menu |
| Refer for TB testing | Pts in need of TB testing referred to lab | needsputum | Refer for sputum collection | “ “ |
| Refer to social work | Pts who have social service needs referred to social worker | needsocial | Refer to social worker |  |
| Refer for blood count | Pts w/ possible anemia referred for Hb testing | needhb | Refer for Hb check |  |
| Refer to hospital | Pts in need of higher level of care | needrefer | 0= No  1= Yes |  |