

Standard Operational Procedure for Data Quality Assurance



March 2019, Version 1.0

Table of contents

Preface.....	4
Acknowledgement.....	5
1. Introduction and rationale	6
2. Objectives.....	6
2.1. General objective	6
2.2. Specific objectives	6
3. Procedures.....	7
3.1. Terminology	7
3.2. Flow of data	7
3.3. Roles and responsibilities at each level	9
3.3.1. ART clinic	9
3.4. Instruction to fill out registration book and forms	13
3.4.1. Form A – Adult Initial Visit Form.....	13
3.4.2. Form A1 – Adult Updated Information Form.....	15
3.4.3. Form A2 – PNTT Initial Assessment Form.....	16
3.4.4. Form B – Adult Patient Visit Form.....	19
3.4.5. Form A – Children Initial Visit Form.....	23
3.4.6. Form A1 – Children Updated Information Form	26
3.4.7. Form B – Children Patient Visit Form	27
3.4.8. VCCT form	32
3.5. Flow of data entry into ART database	34
3.6. Procedures to control data quality	34
4. Annex	37
Annex 1.1: Form A – Adult Initial Visit Form (front).....	37
Annex 1.2: Form A – Adult Initial Visit Form (back)	38
Annex 2.1: Form A1 – Adult Updated Information Form	39
Annex 3.1: Form A2 – PNTT Initial Assessment Form for Partners.....	40
Annex 3.2: Form A2 – PNTT Initial Assessment Form for Children	41
Annex 4.1: Form B – Adult Patient Visit Form (front)	42
Annex 4.2: Form B – Adult Patient Visit Form (back).....	43
Annex 5.1: Form A – Children Initial Visit Form (front)	44
Annex 5.2: Form A – Children Initial Visit Form (back).....	45
Annex 6.1: Form A1 – Children Updated Information Form (Front).....	46

Annex 6.2: Form A1 – Children Updated Information Form (back).....	47
Annex 7.1: Form B – Children Patient Visit Form (front).....	48
Annex 7.2: Form B – Children Patient Visit Form (back)	49
Annex 8.1: Weight-for-height (z score) table for boy aged 2 – 5 years.....	50
Annex 8.2: Weight-for-height (z score) table for girl aged 2 – 5 years	53
Annex 9.1: VCCT form.....	56
Annex 10.1: B-IACM roles and responsibilities	57

Preface

Cambodia is one of the successful countries in the Western Pacific Region in the national response to HIV epidemic by reducing the HIV prevalence among people aged 15-49 years-old from 1.6% in 1998 to 0.6% in 2017. It is estimated that there are 68,678 people who are living with HIV (PLHIV) in Cambodia in 2017.

At the end of December 2018, there were 59,837 patients enrolled in the treatment and care settings. However, it is estimated that 10,000 PLHIV remained undiagnosed.

Data of HIV testing at VCCT sites and HIV positive registration at ART services are being collected through VCCT and ART databases deploy at point-of-care to be better and serve the monitoring and reporting purposes. So far, the analysis using collected data generates the findings to improve the service performance especially for ART service. The DQA SOP aims to guide data collectors at VCCT and ART services to better address data quality to support planning and decision making.

I would like to congratulate NCHADS and all development partners who were actively participated in developing this important standard operational procedure. The Ministry of Health has officially approved for the use of the SOP of data quality assurance to be implemented at VCCT and ART services.

Phnom Penh, 08 / April / 2019

Director of NCHADS



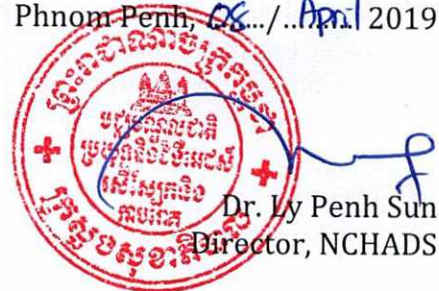
Dr. LY PENH SUN

Acknowledgement

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) would like to express its appreciation and sincere thanks to all relevant NCHADS Units including AIDS Care, Data Management, and development partners including US-CDC, and FHI-360(LINKAGES project), who actively contributed to the successful development of the Standard Operational Procedure for Data Quality Assurance for ART services.

Our special thanks to Dr. Samreth Sovannarith, Dr. Ngauv Bora, Mr Tep Romaing, Dr. Chan Sodara and Mr. Im Chanry for their significant inputs and efforts in coordinating, developing, and editing this important SOP.

Phnom Penh, ~~08~~.../...April 2019



Dr. Ly Penh Sun
Director, NCHADS

1. Introduction and rationale

Data quality refers to the level of quality of data. There are many definitions of data quality but data are generally considered high quality if, "they are fit for their intended uses in operations, decision making and planning. Data quality is important because without high-quality data, a program cannot understand the implementation or decide on the right program direction. Data collected is to make the decisions that will positively impact the success of a program, improve its practices and increase benefits.

For many programs, managing the quality data can seem like an overwhelming task. However, having accurate and program-ready data is an absolutely integral component to ensure that programs do not experience the negative impacts that can accompany "bad" or "dirty" data.

For the purpose of running a program the data quality must be maintained otherwise it may lead to:

- Operational problems – if the data is inconsistent, inaccurate, or incomplete it affects the proper operation of the program. The program will not be able to keep a track of the inputs and outputs of the program; it would not be able to analyze the progress of the program with poor quality of the data.
- Management problems – the right decisions on the program implementations can be made if the proper data are available with the program.
- Financial problems – the motive behind running a program is financial support. If the data are not trustworthy, the program may lose trust from partners and customers, then lose the supports and benefits.
- Investing much effort to perform data cleaning which does not limited to the wasteful expenses, human resource and time
- Lowering the trust and supports of development partners and donor agencies
- Loss the opportunity to identify strength or gaps for improvement of the program intervention
- Challenging the implications resulting from the decision-making based on low quality

2. Objectives

2.1. General objective

To provide guidance and tools to obtain data with quality at ART services.

2.2. Specific objectives

- To define roles and responsibilities of ART team, VCCT team, and B-IACM team in data collection and data quality assurance (completeness, consistency, accuracy and timeliness).

- To provide instruction and guidance for data collection and entry of each teams ART, VCCT, and B-IACM.
- To provide procedure and necessary tools to assure the quality of the data at each level.

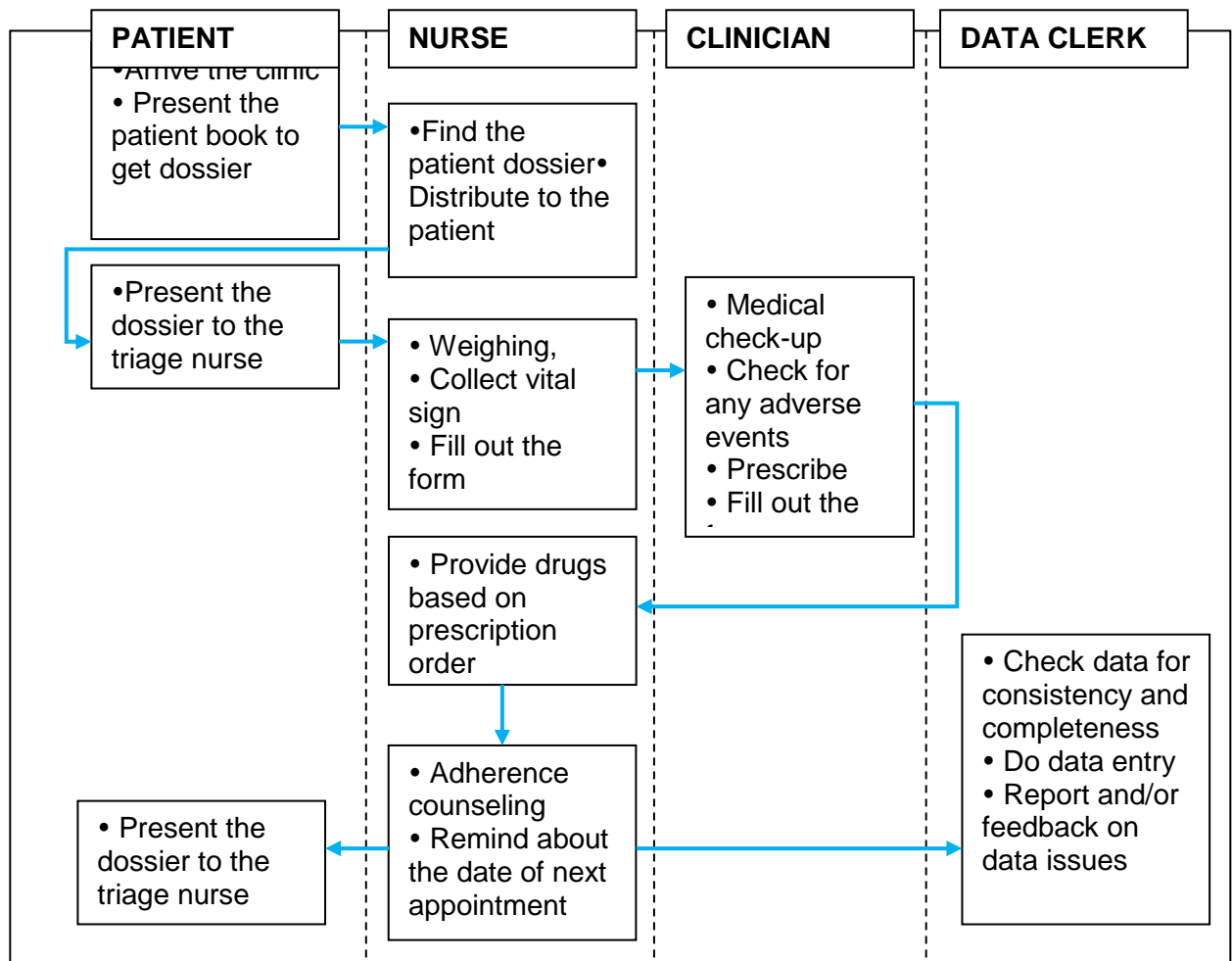
3. Procedures

3.1. Terminology

Data Quality Dimensions	
Dimensions of data quality	Operational Definition
Accuracy	Also known as validity. Accurate data are considered correct: the data measure what they are intended to measure.
Consistency	The data generated by a program's information system are based on protocols and procedures that do not change according to who is using them and when or how often they are used. The data are reliable because they are measured and collected consistently.
Precision	This means that the data have sufficient detail. For example, number of dead patients by causes of death. An information system lacks precision if it is not designed to record the sex of the individual who received counseling and testing.
Completeness	Completeness means that an information system from which the results are derived is appropriately inclusive: it represents the <i>complete</i> list of eligible persons or units and not just a fraction of the list.
Timeliness	Data are timely when they are up-to-date (current), and when the information is available on time. Timeliness is affected by: (1) the rate at which the program's information system is updated; (2) the rate of change of actual program activities; and (3) when the information is actually used or required.
Integrity	Data have integrity when the system used to generate them are protected from deliberate bias or manipulation for political or personal reasons.
Confidentiality	Confidentiality means that clients are assured that their data will be maintained according to national and/or international standards for data. This means that personal data are not disclosed inappropriately, and that data in hard copy and electronic form are treated with appropriate levels of security (e.g. kept in locked cabinets and in password protected files).

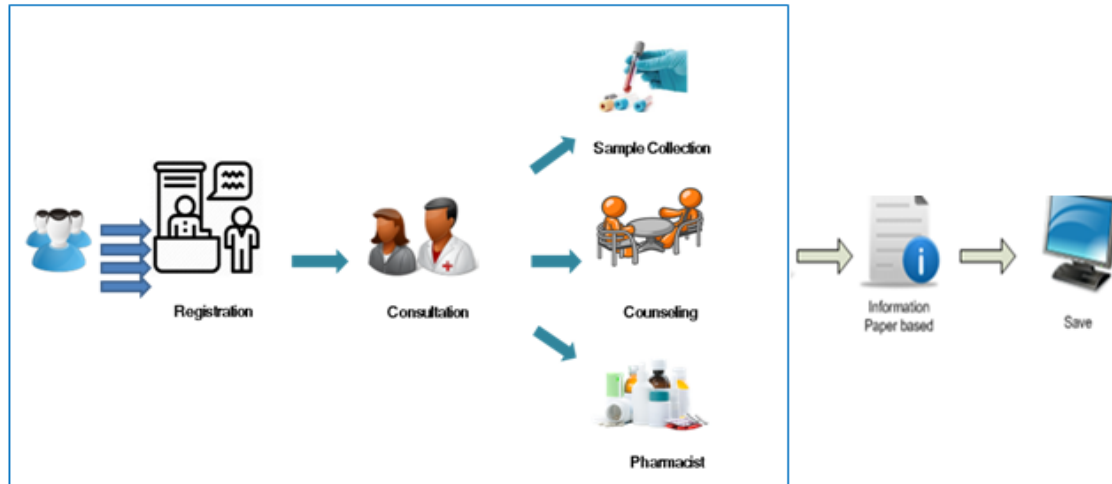
3.2. Flow of data

Case of follow-up patient



Description of ART data flow

- First, patient goes to **registration** desk/counter (whether new, old transfer-in or returned patient) for registering or finding dossier. Then weight, height and vital signs are collected and recorded in paper-based forms (A, B).
- Next, consult with counselor and doctor for health examination and required laboratory tests. Then clinician prescribes depend on patient's status. The patient could be referred to specimen collection if required which include but does not limit to viral load, CD4 count or HCV testing or liver and renal function tests.
- Next, the patient goes to pharmacy for getting ARV drugs.
- Finally, patient information is entered into the ART database by data entry clerk.



3.3. Roles and responsibilities at each level

3.3.1. ART clinic

Patient

- to get PMRS ID at general triage of the hospital
-

Providers: Triage staff, Nurses, and Counselors

- Assure that the patients have proper **PMRS ID**
- Take vital signs and record them completely and correctly in the patient's file at every visit.
- Measure weight and height (for children) and record them completely, and correctly in the patient's file at every visit.
- Complete all required patient information on Form A, Form A1, Form A2, Form B, and Summary Form in accordance with types of visit (initial visit, or follow-up visit). Below is required information need collecting properly:

- **Form A:**

- Clinic ID
- Date of first visit: dd/mm/yyyy
- Patient Lost then return: if Yes, tick the box; if No, write "NO" next to the question
- Date of birth: dd/mm/yyyy
- Sex
- Education
- Referred from
- Date of HIV test positive: dd/mm/yyyy
- PMRS ID
- TB medical past history and treatment
- ARV treatment history
- Other medical treatment history

- Drug allergy
- **Form A1:**
 - Clinic ID
 - Date of birth: dd/mm/yyyy
 - Sex
 - Date to update the information: dd/mm/yyyy
 - Marital status
 - Occupation
 - Address
 - Contact person 1
 - Contact person 2
- **Form A2 (must record completely):**
 - Clinic ID
 - ART number
 - Date of visit: dd/mm/yyyy
 - Consent to PNTT service
 - Screening of risk behavior
 - Number of children aged less than 15 years old
 - Number of sexual partners
 - Number of needle sharing partners
 - Partner/child information
 - Relationship with the patient
 - Plan for partner notification
 - Contact attempts
 - Outcome
- **Form B:**
 - Clinic ID,
 - ART number
 - Date of visit: dd/mm/yyyy
 - Visit status: First visit? Early visit? Visit on schedule? Late visit?
 - Age
 - Sex
 - Pregnancy status
 - Weight (in kg)
 - Height (in cm)
 - Temperature
 - Pulse
 - Respiratory rate
 - Blood pressure (mmHg)
 - Counseling and record: STI prevention; ART adherence; Birth spacing; TB infection control; Partner; Use of condom.

- **Patient Summary Form**
 - Name
 - Sex
 - ART number
 - Date of first visit: dd/mm/yyyy
 - Date start ART: dd/mm/yyyy
 - Date start IPT: dd/mm/yyyy
 - Date stop IPT (when stop) : dd/mm/yyyy
 - Date start HCV : dd/mm/yyyy
 - Date stop HCV (when stop): dd/mm/yyyy
 - ARV (ARV regimen)
 - HIV Viral Load: date received result; VL result
- Attends regular weekly meeting among ART team members,
- Collaborates with other ART team members to review clinic's performance (CQI indicators) by using the clinic's data.

Providers: Clinicians

- Assures all required information are filled-in completely by triage nurse on Form A, A1, A2, Form B, and Patient Summary Form.
- Provides care to patients and collects patient information on Form B.
Required information but not limited to:
 - Use of birth spacing
 - TB signs and symptoms screening (must screen all four)
 - Screening STI signs and symptoms
 - Assessment on taking medicines
 - Current medical history
 - Examination of patient
 - Patient assessment and treatment plan
 - Order laboratory tests and/or check the filled-in results when available
 - Indication of enhanced adherence counseling (EAC) if needed
 - Indicate medication toxicity if any
 - Prescribe medications
 - Fill-in the outcome/action. If case patient exit care (transfer-out, dead, lost), the clinicians make sure the required information is recorded.
 - Next appointment date: dd/mm/yyyy
 - Sign off the form
- Attends regular weekly meeting among ART team members,
- Collaborates with other ART team members to review clinic's performance (CQI indicators) by using the clinic's data.

Providers: ART Team Leader

- Assures all required information are filled-in completely on Form A, A1, A2, Form B, and Patient Summary Form.
- Assures all patient files are entered into the database.

- Chairs regular weekly meeting among ART team members,
- Monitors and avails up-to-date data during the weekly meeting on but not limited to:
 - o number of new index cases
 - o number of sexual partner (of the new index cases) identified
 - o number of sharing needle (of the new index cases) identified
 - o number of children under 15 (of the new index cases) identified,
 - o number of new patients started ARV
 - o number of patients drawn blood for viral load test
 - o number of viral load results received
 - o number of ART patients died
 - o number of ART patients lost-to follow-up.
- Leads ART team to review clinic's performance (CQI indicators) by using the clinic's data.
- Assures clinic's data are collected, entered, and sent to next level on time.

Providers: Data entry clerk

- Entries all patient files timely
- Entries all required fields timely
- Generates collective lists of VL follow-up, appointment, missed-follow up on a regular basis
- Assures the data is quality data before running any analyses or generate the reports
- Collaborates with other ART team members to review clinic's performance (CQI indicators)
- Generate routine monthly, quarterly reports
- Attends regular weekly meeting among ART team members,
- Reports any issues/errors regarding completeness, accuracy, or consistency to head of ART team and relevant ART staff members
- Weekly reports the indicators listed under "Data entry clerk" in section below to the team during regular weekly meeting

PASP:

- Assures the data quality assurance is included in the agenda of the routine supervision of PASP to ART clinics
- Conducts regular supervision to ART clinics to:
 - Assure the quality of data,
 - Assure the improvement plan is implemented,
 - Support clinic to perform quality of services.
- Provides appropriate supports to have the clinic's performances reviewed regularly.
- Checks, feedbacks and certifies the quarterly report of ART clinic.
- Provides appropriate supports to build the capacity of ART team to implement CQI and other improvement activities.

3.4. Instruction to fill out registration book and forms

3.4.1. Form A – Adult Initial Visit Form		
Frequency of fill out: Once at the first visit only Who fill out the form: triage nurse and physician Number of pages: 02 Version of form: 07 September 2017		
Field name	Instruction	Example
Clinic ID number	Fill out five-digit code with leading zero	02314
Date of initial visit	Date of first visit using format dd/mm/yyyy	
Patients lost then return	Tick if the patient used to get registered and returned after look to follow-up	
Previous clinic ID number	Fill out the previous clinic ID of five-digit code	00672
Full name	Fill out full name (surname and name) in Khmer	ចន ចេមស៊ីត
Date of birth	Fill out date of birth using format dd/mm/yyyy. In case, patient provides only age, the day/mm 01/01 is used to create DOB	
Age	Fill out age in year	
Gender	Tick one appropriate Male or Female	
Education: Grade	Tick one on education, primary school, secondary/high school, university	
Education: Reading	Tick one on reading ability yes or no	
Education: Writing	Tick one on writing ability yes or no	
Referred from	Tick one on the source of referral self-referred, home based care/community, VCCT, PMTCT, TB program, blood bank. Specify the source if it does not match one of these	
HIV test: Date of HIV positive	Fill out date of confirmed HIV positive using format dd/mm/yyyy	
HIV test: Name of VCCT	Fill out the name of VCCT. Only VCCT with licensed given by NCHADS either	

	public or NGO clinic	
HIV test: VCCT code	Fill out VCCT code	0201
HIV test: VCCT client code	Fill out the client code as in VCCR result slip	
ID of other programs: UIC	Fill out the UIC code using UIC algorithm	០៩០៩១១១១២៧៨
ID of other programs: PMRS ID	Fill out ten-digit PMRS ID as shown in patient dossier label	
ID of other programs: ID Poor	Fill out ID Poor as shown in Poor ID card	
Official transfer-in: status	Tick one yes (for patient who has transfer-out from) or no (for patient newly confirmed HIV positive and never enrolled in any ART site)	
Official transfer-in: name of ART site	If transfer-in, fill out the full name of ART site	
Official transfer-in: Children ID	If transfer-in, fill out the clinic ID for children who transfer-out to continue at adult service	
Official transfer-in: Date of ART start	If transfer-in, fill out the ART start date	
Official transfer-in: ART Number	If transfer-in, fill out ART number with two digits of province, two digits of site code and other five digits of patient number at ART initiation	020100214 (02=Battambang; 01=Moung Russey hospital and 00214=ordering number of patient started ART)
Signature of data collector/triage nurse	Triage nurse to sign off	
Name of data collector/triage nurse	Fill out the date of sign-off by triage nurse	
TB past medical history and treatment	Tick one of TB past medical history available, not available or unknown	
Past history of INH prophylaxis	Tick on of the past INH history available, not available or unknown	
TB infection sites	Tick one of infection site pulmonary or extra pulmonary	
TB case definition	Tick one of case definition BK+ (bacteriological) or BK-/clinic	
Date of onset of TB	Fill out date of onset of TB using format dd/mm/yyyy	

Date of TB treatment	Fill out start date of TB treatment using format dd/mm/yyyy	
TB treatment regimen	Tick one of TB treatment regimen	
Type of TB treatment outcome	Tick one of the treatment outcome cured, completed, failed, lost to follow up, not evaluated or ongoing.	
Date of TB treatment outcome	Fill out the date of treatment outcome using format dd/mm/yyyy	
ARV treatment history	Tick one of treatment history. If yes, fill out the name of drugs give, name of facility, start date and end date	
Other medical treatment history	Tick if all if appropriate and fill out name of drugs give, name of facility, start date and end date	
Drug allergy status	Tick one of allergy status yes or no	
Name of drug with allergy	If yes, fill out the name of drug	
Allergy type	If yes, fill out the type of allergy	
Date of exposed allergy	If yes, fill out the date of exposed allergy using format dd/mm/yyyy	
Signature of data collector	Data collector to sign off	
Name of data collector	Fill out name of data collector	

3.4.2. Form A1 – Adult Updated Information Form

Frequency: at each follow-up visit if reported changes made by client

Who fill out the form: triage nurse

Number of pages: 1/2

Version of form: 26 September 2017

Field name	Instruction	Example
Clinic ID number	Fill out six-digit of clinic ID	
Full name	Fill out full name (surname and name) in Khmer	ចន ចេមស៊ីត
Date of birth	Fill out date of birth using format dd/mm/yyyy. In case, patient provides only age, the day/mm 01/01 is	

	used to create DOB	
Age	Fill out age in year	
Gender	Tick one appropriate Male or Female	
Date of update	Fill out the date of updating the information (normally aligns with date of form B)	
Marital status	Tick one of marital status single, married, divorced, widow(er)	
Occupation	Fill out the occupation	
Address: group	Fill out the group	
Address: house number	Fill out the house number	
Address: village	Fill out the name of village	
Address: commune	Fill out the name of commune	
Address: district	Fill out the name of district	
Address: province	Fill out the name of province	
Contact 1: Address	Fill out full address of contact 1	
Contact 1: phone number	Fill out working phone number of contact 1	
Contact 2: Address	Fill out full address of contact 2	
Contact 2: phone number	Fill out working phone number of contact 2	
NGO support	Tick if there is support from NGOs	
Name and location of CA team	If there is support from NGO/CA, please fill out the details name and location	

3.4.3. Form A2 – PNTT Initial Assessment Form

Frequency of fill out: at every visit

Who fill out the form: triage nurse

Number of pages: 01

Version of form: 11 January 2018

Field name	Instruction	Example
Clinic ID number	Fill out six-digit of clinic ID	
Date of visit	Fill out date of visit using format dd/mm/yyyy	
Agree to be notified	Tick one appropriate Yes or No	
Behavioral risk assessment	Risk assessment covers ten questions in which each question asks about the exposure:	

	<p>Ever: anytime in their lifetime experienced the risk; or 6 Months: experienced this risk within the last six months; or Never.</p> <p>The questions are following</p> <ul style="list-style-type: none"> • Had sex with a known HIV+ person • Had sex with women • Had sex with man • Had sex with a TG partner • Had sex with >4 individuals • Used injection drugs • Reused medical needles with others • Received money for sex • Give money for sex • Migrated for work (in or out of country) 	
Number of partners/children under 15	Fill out number of partners/children under 15 years old	
Number of partners who share needles	Fill out number of partners who share needles	
Number of children	Fill out number of children	
Partner 1		
Full name	Fill out full name	
Age	Fill out age	
Sex	Fill out sex of partner	
Address	Fill out the specific address which is identifiable	
Phone number	Fill out valid phone number	
Relationship with patient	Tick one appropriate Wife/Husband/Fiancé, Steady sex partner, Sweetheart, Needle sharing, or other	
Intimate partner violence (IPV screening)	<p>Tick one appropriate Yes or No for three main question</p> <ul style="list-style-type: none"> • Hit, kicked, slapped or otherwise physically hurt you? • Ever threatened you? • Ever forced you to do something sexually that 	

	<p>make you uncomfortable? *Any yes is ticked, it may not be appropriate to contact partner</p>	
Notification plan	<p>Tick <u>one</u> appropriate Deferred due to IPV, Client referral, Provider referral, Contract referral (fill out date) or Dual referral (fill out date)</p>	
Contact attempt	<p>Fill out the date, types of contact (visit or phone call), contact reached (yes or no) and note for each time of contact. Date format using dd/mm/yyyy</p>	
Outcome	<p>Tick one appropriate Known to be HIV+ and in treatment (fill out ART/CLINIC ID), Refused testing, Conducted HIV test (circle results positive, negative or undetermined), Other</p>	
Partner 2....	<i>Follow the same instruction as partner1</i>	
Child1		
Full name	Fill out full name	
Age	Fill out age	
Sex	Fill out sex of partner	
Address	Fill out the specific address which is identifiable	
Phone number	Fill out valid phone number	
Child testing plan	<p>Tick <u>one</u> appropriate Client referral, Provider referral, Contract referral (fill out date) or Dual referral (fill out date)</p>	
Contact attempt	<p>Fill out the date, types of contact (visit or phone call), contact reached (yes or no) and note for each time of contact. Date format using dd/mm/yyyy</p>	
Outcome	<p>Tick one appropriate Known to be HIV+ and in treatment (fill out</p>	

	ART/CLINIC ID), Refused testing, Conducted HIV test (circle results positive, negative or undetermined), Other	
Child2....	<i>Follow the same instruction as child1</i>	

3.4.4. Form B – Adult Patient Visit Form

Frequency: every visit
Who fill out the form: triage nurse
Number of pages: 02
Version of form: 01 February 2018

Field name	Instruction	Example
Number of visit	Fill out the ordering number of visit	
Clinic ID number	Fill out five-digit of clinic ID	
ART number	If patient on ART, fill out ART number with two digits of province, two digits of site code and other five digits of patient number at ART initiation	
Date of visit	Fill out date of visit using format dd/mm/yyyy	
Type of visit	Tick only one (initial, early, scheduled, late)	
Full name	Fill out full name (surname and name) in Khmer	
Age	Fill out age in year	
Gender	Tick one appropriate Male or Female	
Status of pregnancy	For female patient, tick one of pregnancy status not pregnant, pregnant, spontaneous abortion, induced abortion.	
Date of expected delivery	If pregnant, fill out the date of expected delivery using format dd/mm/yyyy	
Weight	Fill out weight in kilogram	
Height	Fill out height in centimeter	
Temperature	Fill out body temperature in degree Celsius	
Pulse	Fill out pulse	
Respiratory rate	Fill out respiratory rate	
Blood pressure	Fill out blood pressure systolic over diastolic	

Health education	<p>Fill out education topics given during the visit</p> <ul style="list-style-type: none"> • STI prevention • ART adherence • Birth spacing • TB infection control • HIV status of spouse/partner • Condom use 	
Birth spacing: type of clients	<p>Tick one on the types New (newly started), Ongoing (continues to use), Old (used in the past but now stop using), Using with other facility.</p>	
Birth spacing: start date	<p>If New, fill out the start date of birth spacing using format dd/mm/yyyy</p>	
Birth spacing: method(s) given and amount of commodity given	<p>Tick types of methods and quantity given. Pill may be given along with condom</p>	
TB symptomatic screening	<p>Fill out Yes or No of the following which occurred the last four weeks</p> <ul style="list-style-type: none"> • Cough, anytime of any duration • Fever, anytime of any duration • Weight loss • Night sweat for two weeks and more 	
STI screening: any discharge (virginal or urethral)	<p>Tick Yes or No</p>	
STI screening: sore or inflammation on genital area	<p>Tick Yes or No</p>	
STI screening: genital warts	<p>Tick Yes or No</p>	
Hospitalize after last visit	<p>Tick Yes or No</p>	
Hospitalization days	<p>If yes, please fill out number of days hospitalized</p>	
Reasons of last hospitalization	<p>If yes, fill out the reasons of hospitalization</p>	
Adherence: missed pills before this visit	<p>Tick Yes if missing any dose or No if never missed any dose before this visit</p>	
Adherence: number of times missing pills	<p>If yes, please fill out times of missing pills</p>	
Current medical history	<p>Physician notes on the</p>	

	current medical history of the patient	
Examination	Physician fill out the results of examination	
<i>Assessment and plan</i>		
WHO clinical classification	Fill out the WHO clinical stage. The stage will never go back to one if it defined other than one in the past. The last number must remain even the current clinical status of the patient is improving	
Eligible for ART	Tick yes if patient is eligible to ART and tick no if not	
Physical status	Tick one appropriate Working normally, Cannot walk long distance, Bed-ridden	
Sites of TB infection	Tick one appropriate PTB for pulmonary TB or EP-TB for extra-pulmonary TB based on presenting TB treatment card or validate with TB physician	
TB case definition	Tick one appropriate BK+ or BK-/clinic	
TB treatment status	Tick one appropriate New for newly treated with TB, Stop for complete treatment, Ongoing for TB treatment still going on.	
TB treatment date	Fill out date of start treatment	
<i>Prescribing lab tests</i>		
HIV re-testing before ART and testing result	Tick one appropriate the result Positive or Negative	
HCV test and result	Tick one appropriate the result Positive or Negative	
Screening for Cryptococcal antigen and result	Tick one appropriate the result Positive or Negative	
CD4 count and result	Fill out the result of CD4 count	
HIV viral load and result	Fill out the result of HIV VL test	
HCV viral load <ul style="list-style-type: none"> • Baseline and result • HCV viral load (SVR-12) 	Fill out baseline result of HCV viral load If available, fill out the result of HCV viral of 12 weeks	

Other lab tests	If available, fill out the result of other tests	
Enhancing adherence for viral load detectable	Tick one appropriate First EAC, Second EAC or Third EAC	
Assessment and plan Refer to PMTCT, TB, IPD or other	
Medication toxicities	Tick any appropriate for medication toxicities	
Current medications (medication, quantity, frequency, form, status of use, date, reasons of stop, remarks) by four groups ARV drugs, OI drugs, HCV drug and TB drug	Fill out dose, quantity prescribed, frequency, form of each single drug or combination. Tick one appropriated for each drug Start, Stop or Continued with the date. In case of stopping any drug, reason is expected to fill out and extra note if necessary. For Type of treat/prophylaxis for Cotrimoxazole, Fluconazole for 1 (Primary Prophylaxis), 2 (Secondary Prophylaxis), 3 (Treatment Only)	
<i>Outcome/action</i>		
Type of exit care	Lost to follow up Died Stop treatment because of HIV negative Transfer out to other ART site	
Place of death	Tick one appropriate Lost to follow up, Died, Stop treatment because of HIV negative, Transfer out to other ART site	
Date of death	If died, fill out the place of that patient died	
Cause of death	If died, fill out the date that patient died; not the date of reported	
Date of next appointment	If patient still not exit care, please fill out the data of next appointment	
Name and signature of data collector	Fill out name and signature of data collector	

3.4.5. Form A – Children Initial Visit Form

Frequency of fill out: Once at the first visit only
 Who fill out the form: triage nurse and physician
 Number of pages: 02
 Version of form: 17 April 2017

Field name	Instruction	Example
Clinic ID number	Fill out six-numeric digits with a leading P printed letter	P001314
Date of initial visit	Fill out date of visit using format dd/mm/yyyy	
Children patient returns after LTF	Tick if patient returns from lost-to-follow up (patient file need to be formed new and clinicID is newly given too)	
Previous clinic ID number	If returns after LTF, fill out the clinicID of six-numeric digits and leading P	
Full name	Fill out full name (surname and name) in Khmer	
Age	Fill out age in year but if patient is under 5 years, age in month should be filled out	
Date of birth	Fill out date of visit using format dd/mm/yyyy	
Gender	Tick one appropriate Male or Female	
Referred from	Tick one appropriate Self-referred, CBPCS/NGO, VCCT, other, EID service. If referred from other, then specify the details of source If referred from EID service, then fill out the EID Clinic ID	
<i>HIV test</i>		
Date of HIV positive	Fill out date of confirmed HIV positive using format dd/mm/yyyy	
Type of HIV test	Tick one (HIV PCR, HIV PCR confirmed, antibody test)	
VCCT code	Fill out the VCCT code	
VCCT client code	Fill out the VCCT client code	
Infant feeding history	Tick one (exclusive formula	

	feeding, exclusive breastfeeding, mixed feeding, unknown)	
Official transfer-in: status	Tick one yes (for patient who has transfer-out from) or no (for patient newly confirmed HIV positive and never enrolled in any ART site)	
Official transfer-in: name of ART site	If transfer-in, fill out the full name of ART site	
Official transfer-in: Date of ART start	If transfer-in, fill out the ART start date	
Official transfer-in: ART Number	If transfer-in, fill out ART number with two digits of province, two digits of site code and other five digits of patient number at ART initiation	
<i>Family history</i>	<i>Collect the information around</i>	
Mother	<p>Fill out the age</p> <p>Tick one appropriate for HIV status Positive, Negative or Unknown</p> <p>Tick one appropriate status Alive, Died or Unknown.</p> <p>Tick one appropriate the start of ART Yes, No or Unknown. If started ART then tick one appropriate the ART given during pregnancy or during delivery or after delivery.</p> <p>If ARV drugs were given, then fill out the name of that facility.</p> <p>Tick one appropriate the history of TB disease Yes, No or Unknown.</p>	
Father	Same as mother except PMTCT part	

Signature of data collector/triage nurse	Data collectors signs off	
Name of data collector/triage nurse	Fill out name of data collector	
<i>TB past medical history and treatment</i>	Tick one appropriate Yes, No or Known	
TB infection sites	If yes, tick one appropriate PTB for pulmonary TB and EP-TB for extra-pulmonary TB	
TB case definition	Tick one appropriate BK+ or BK-/clinic	
Date of onset of TB	Fill out date of TB onset using format dd/mm/yyyy	
Date of TB treatment	Fill out date of TB treatment using format dd/mm/yyyy	
TB treatment regimen	Tick one appropriate the treatment regimen	
Type of TB treatment outcome	Tick one appropriate for treatment outcome	
Date of TB treatment outcome	If treatment completed, fill out the date of complete treatment using format dd/mm/yyyy	
Other past medical history, by HIV-related illness and date of onset	Fill out the illness and date of onset of each illness	
<i>Other past treatment history</i>		
Received ARV in the past	Tick one appropriate No, ARV prophylaxis or ART	
Details of drug treatment by drug name, clinic/source, start date, stop date, reason to stop	If ARV/ART, then fill out each drug received along with the name of hospital that provides ARV, the start date, the stop date and reason of stop	
Previous Cotrimoxazole prophylaxis by clinic/source, start date, stop date, reason to stop	Tick one appropriated Yes, No or Unknown. If Yes, then fill out the name of hospital that provides Cotrimoxazole, the start date, the stop date and reason of stop	
Previous Fluconazole prophylaxis by clinic/source, start date, stop date, reason to stop	Tick one appropriated Yes, No or Unknown. If Yes, then fill out the name of hospital that provides	

	Fluconazole, the start date, the stop date and reason of stop	
<i>Drug allergy status</i>		
Name of drug with allergy	Fill out name of drug that patient has allergy	
Allergy type	Fill out types of allergy	
Signature of data collector	Data collectors signs off	
Name of data collector	Fill out name of data collector	

3.4.6. Form A1 – Children Updated Information Form

Frequency of fill out: at each follow-up visit if reported changes made by client/guardian

Who fill out the form: triage nurse

Number of pages: 1/2

Version of form: 09 August 2016

Field name	Instruction	Example
Clinic ID number	Fill out six-numeric digits with a leading P printed letter	
Full name	Fill out full name (surname and name) in Khmer	
Age	Fill out age in year but if patient is under 5 years, age in month should be filled out	
Date of birth	Fill out date of visit using format dd/mm/yyyy	
Gender	Tick one appropriate Male or Female	
Date of update information		
Type of guardian	Tick one appropriate Mother, Father, Grand Mother, Grand Father, Relative	
Detailed address	Fill out the detailed contact address including group number, house number, village, commune, district and province	
Guardian contacts	Fill out the name of guardian, detailed address and phone number	
Child status	Tick one appropriate Both parents alive, Mother deceased, Father deceased, Both parents deceased	
Occupation of parent(s)	Fill out the father and/or	

	mother's occupation	
Child education	Tick one appropriate None, Kindergarten, Primary, Secondary	
CBOPCS/NGO who supported children	Fill out the detail about the name and location of facility	
Vaccination	Tick one appropriate Routine vaccinations, vaccination on going, Missing, None, or Unknown	
Signature of data collector	Data collectors signs off	
Name of data collector	Fill out name of data collector	

3.4.7. Form B – Children Patient Visit Form

Summary:

Frequency of fill out: at each follow-up visit

Who fill out the form: triage nurse and physician

Number of pages: 02

Version of form: 17 April 2017

Field name	Instruction	Example
Number of visit	Fill out the ordering number of the visit	
Clinic ID number	Fill out six-numeric digits with a leading P printed letter	P001314
ART number	If patient on ART, fill out ART number with two digits of province, two digits of site code and other five digits of patient number at ART initiation	
Date of visit	Fill out date of visit using format dd/mm/yyyy	
Type of visit	Tick only one (initial, early, scheduled, late)	
Full name	Fill out full name (surname and name) in Khmer	
Age	Fill out age in year but if patient is under 5 years, age in month should be filled out	
Gender	Tick one appropriate Male or Female	
Temperature	Fill out body temperature in degree Celsius	
Pulse	Fill out pulse	
Respiratory rate	Fill out respiratory rate	

Blood pressure	Fill out blood pressure systolic over diastolic	
Weight (Kg)	Fill out weight in Kilogram	
Height (Cm)	Fill out height in Centimeter	
BSA (sqr. M)	Using BSA table to compute then fill out the result. $BSA = \text{SQR} [BW (kg) \times Ht (cm) / 3600]$. Ensure you use Kg and CM (not Meters)	
Malnutrition status	Tick one appropriate malnourished or not malnourished using weight-for-height table	
Weight for height	Using weight-for-height chart and tick one appropriately (Mild malnutrition, Moderate malnutrition, Severe malnutrition)	
Current medical history	Physician fill out the current medical history based on the interaction with children and/or guardian	
<i>TB screening</i>	<i>Using five questions to perform TB screening by asking children and/or guardian</i>	
Contact with an adult or older child with smear positive PTB	Tick one appropriate Yes or No	
Failure to thrive or weight loss	Tick one appropriate Yes or No	
Currently cough	Tick one appropriate Yes or No	
Currently fever	Tick one appropriate Yes or No	
Enlarged cervical lymph nodes	Tick one appropriate Yes or No	
Hospitalize after last visit	Tick Yes if children were hospitalized after the last visit	
Hospitalization days	If hospitalized, fill out the number of days	
Reasons of last hospitalization	If hospitalized, fill out the reasons of that hospitalization	
Adherence: missed pills last month	Tick yes if missing any pills last month	

Adherence: number of times missing pills	If missing any pill last month, fill out the times of missing	
Adherence: missed pills in last three days	Tick yes if missing any pills last three days	
Adherence: number of times missing pills in last three days	If missing any pill last three days, fill out the times of missing	
Name of guardian who provided pills to children	Fill out the name of guardian who gives the pill to children	
<i>Physical examination</i>	<i>Physician performs physical examination</i>	
Head (mouth, ears)	Tick one appropriate Normal or Abnormal	
Chest (lung)	Tick one appropriate Normal or Abnormal	
Abdomen	Tick one appropriate Normal or Abnormal	
Skin	Tick one appropriate Normal or Abnormal	
Lymph nodes	Tick one appropriate Normal or Abnormal	
Neurologic system	Tick one appropriate Normal or Abnormal	
Other	Fill out any others that are abnormal	
WHO clinical stage, by diagnosis	Given list of WHO staging ge 1, 2, 3 and 4, the physician to fill out the progress of each clinical staging condition with indication of one of New for newly appears at the visit, Old for clinical condition that already treated and healed, Ongoing For clinical condition that still progressing and under the monitoring	
<i>Assessment and treatment</i>		
WHO clinical stage	Fill out the last clinical staging. For example, a patient with cured pulmonary TB, the WHO stage remains 3 forever	
Eligible for ART	Since the treat-all guideline is being used, all patient regardless of CD4 count or	

	viral load is eligible to ART	
Suspected treatment failure	Tick one appropriate Yes if suspect of treatment failure and tick No if not.	
Type of treatment failure	If Yes, tick one appropriated virological, immunological, or clinical.	
Sites of TB infection	Tick one appropriate PTB for pulmonary TB or EP-TB for extra-pulmonary TB based on presenting TB treatment card or validate with TB physician	
TB case definition	Tick one appropriate BK+ or BK-/clinic	
TB treatment status	Tick one appropriate New for newly treated with TB, Stop for complete treatment, Ongoing for TB treatment still going on.	
TB treatment date	Fill out date of start treatment using format dd/mm/yyyy	
Physical status	Play normally, play sometimes,	
Order CD4 count	Tick one appropriate Yes if order, No if not order the test of CD4 count	
Order HIV viral load	Tick one appropriate Yes if order, No if not order the test of HIV viral load	
Note	Leave note on this patient if available. Tick any appropriate Referred to PMTCT, TB, IPD and other	
Current medications (medication, quantity, frequency, form, status of use, date, reasons of stop, remarks) by four groups ARV drugs, OI drugs, HCV drug and TB drug	Fill out dose, quantity prescribed, frequency, form of each single drug or combination. Tick one appropriated for each drug Start, Stop or Continued with the date. In case of stopping any drug, reason is expected to fill out and extra note if necessary. For Type of treat/prophylaxis for	

	Cotrimoxazole, Fluconazole for 1 (Primary Prophylaxis), 2 (Secondary Prophylaxis), 3 (Treatment Only)	
<i>Outcome/action</i>		
Type of exit care	Tick one appropriate Lost to follow up, Died, Stop treatment because of HIV negative, Transfer out to other ART site	
Place of death	If died, fill out the place of that patient died	
Date of death	If died, fill out the date that patient died; not the date of reported	
Cause of death	If died, fill out the underline cause of death	
Date of next appointment	If patient still not exit care, please fill out the data of next appointment	
Name of physician and signature	The physician fills out his/her name and signature	

3.4.8. VCCT form

ប័ណ្ណកត់ត្រាអតិថិជនមកទទួលសេវាផ្តល់ប្រឹក្សា និង ធ្វើតេស្ត

លាយអក្សរកម្រិតអេស៊ី (HTS-ART)

- លេខរៀងទី១** កាលបរិច្ឆេទ: ចុះថ្ងៃ ខែ ឆ្នាំ អតិថិជនមកទទួលសេវាផ្តល់ប្រឹក្សា និងធ្វើតេស្ត ។ ឧទាហរណ៍ ១៩ ០៩ ២០១៧
- លេខរៀងទី២** លេខកូដមណ្ឌលផ្តល់ប្រឹក្សា: សរសេរលេខកូដសេវាផ្តល់ប្រឹក្សា និងធ្វើតេស្តលាយ HTS ART ។ ឧទាហរណ៍ លេខកូដ សេវា HTS ART បាក់ដំបង មន្ទីរពេទ្យខេត្តបាក់ដំបង ខេត្តបាក់ដំបង គឺ ០២០៤០១។ ០២ គឺលេខកូដខេត្ត បាក់ដំបង ០៤លេខកូដ OD បាក់ដំបង ០១ លេខកូដសេវា HTS ART បាក់ដំបង ។
- លេខរៀងទី៣** លេខកូដអតិថិជន: សរសេរលេខកូដអតិថិជនដែលមាន ៦ ខ្ទង់ ពេលអតិថិជនមកទទួលការផ្តល់ប្រឹក្សា ។ ឧទាហរណ៍ ០០០១២៣
- លេខរៀងទី៤** លេខកូដកន្លែងបញ្ជូនមក: សរសេរលេខកូដមណ្ឌលសុខភាព រីតាំងធ្វើតេស្តហ្វឹសដំបូង(វីទី១) ត្រូវមាន លេខ ៦ ខ្ទង់។ឧទាហរណ៍ មណ្ឌលសុខភាពស្វាយប៉ោ OD បាក់ដំបង ខេត្តបាក់ដំបង គឺលេខកូដ ០២០៤០៤។
- លេខរៀងទី៥** លេខកូដអតិថិជនដែលបានបញ្ជូនមក: សរសេរលេខកូដធ្វើតេស្តដែលបានផ្តល់ដោយ មណ្ឌល វីទីតាំងធ្វើ តេស្តហ្វឹសដំបូង (វី ទី១) ត្រូវមានលេខ ៦ ខ្ទង់ ។ ឧទាហរណ៍ ស្ត្រីផ្ទៃពោះ លេខកូដ W00៥៣៤ ។
- លេខរៀងទី៦** លេខកូដ UVIC : Universal Unique Identifier Code
- លេខរៀងទី៧** ភេទ: សូមគូសសញ្ញា ✓ នៅពីមុខ ១. ប្រុស ឬ ២. ស្រី
- លេខរៀងទី៨** ថ្ងៃ ខែ ឆ្នាំកំណើត អតិថិជន។ ប្រសិនបើអតិថិជនមិនចាំថ្ងៃ ខែ ឆ្នាំកំណើតត្រូវសរសេរ ០១-០១-១៩៨០ ។
- លេខរៀងទី៩** ស្ថានភាពអាពាហ៍ពិពាហ៍: សូមគូសសញ្ញា ✓ នៅពីមុខ ១. នៅលើ ឬ ២. រៀបការ ហើយ ឬ ៣.ពោះ ម៉ាយ/មម៉ាយ។
- លេខរៀងទី១០** មុខរបរ : សរសេរមុខរបរដែលអតិថិជនបានប្រាប់ ។ ឧទាហរណ៍ ស្ត្រីមេផ្ទះ កសិករ កម្មករ ។ ល ។
- លេខរៀងទី១១** កម្រិតវប្បធម៌: សូមគូសសញ្ញា ✓ នៅពីមុខ ១. មិនដែលរៀន ឬ ២. បឋមសិក្សា ឬ ៣. អនុវិទ្យាល័យ ឬ ៤ វិទ្យាល័យ ឬ៥ ក្រោយវិទ្យាល័យ។
- លេខរៀងទី១២** អាសយដ្ឋាន: ចំពេញឈ្មោះភូមិ.....ឃុំ/សង្កាត់..... ស្រុក/ខណ្ឌ..... ខេត្ត/ក្រុង.....របស់អតិថិជន ។
- លេខរៀងទី១៣** ប្រទេសកំណើត: សូមគូសសញ្ញា ✓ នៅពីមុខ ១. កម្ពុជា ប្រសិនបើគាត់កើតក្នុងប្រទេសកម្ពុជាបើមិនមែនទេ សូម ✓ នៅពីមុខ ២. ប្រទេសផ្សេងៗ រួមឈ្មោះប្រទេសនោះបញ្ជាក់។
- លេខរៀងទី១៤** មូលហេតុរកសេវា: សូមគូសសញ្ញា ✓ ក្នុងប្រអប់ណាមួយនៅពីមុខ ពីលេខ១ ដល់ ៩ តាមការសាក សួរអតិថិជន។
- លេខរៀងទី១៥** បញ្ជូនមកពី: សូមគូសសញ្ញា ✓ ក្នុងប្រអប់ណាមួយនៅពីមុខ ពីលេខ១ ដល់ ១៥ ទៅតាមសេវា ដែលបានបញ្ជូនមក។
- លេខរៀងទី១៦** ក្រុមប្រឈមមុខខ្ពស់: សូមគូសសញ្ញា ✓ ក្នុងប្រអប់ណាមួយនៅពីមុខ ពីលេខ១ ដល់ ៥ តាមដែលអតិថិជន បានប្រាប់ ។
- លេខរៀងទី១៧** ការវាយតម្លៃការប្រឈមមុខ: សូមគូសសញ្ញា ✓ ក្នុងប្រអប់ណាមួយនៅពីមុខ ពីលេខ១ ដល់ ១២ ដែល អ្នកបានរកឃើញការប្រឈមមុខរបស់អតិថិជន និងបំពេញថ្ងៃខែឆ្នាំ ដែលអតិថិជនប្រឈមមុខជាពិសេស ឆ្នោតក្នុងអំឡុងពេល៣ខែ ចុងក្រោយ ប្រសិនបើអតិថិជនអាចចាំបាន។
- លេខរៀងទី១៨** ប្រវត្តិធ្វើតេស្ត: បើអតិថិជនមិនធ្លាប់ធ្វើតេស្តសូមគូសសញ្ញា ✓ ក្នុងប្រអប់មិនធ្លាប់ធ្វើតេស្ត។ ប៉ុន្តែបើ អតិថិជនធ្លាប់ធ្វើតេស្ត គូសសញ្ញា ✓ ក្នុងប្រអប់នៅពីមុខ ធ្លាប់ធ្វើតេស្ត ហើយសូមគូសសញ្ញា ✓ ក្នុងប្រអប់ណា មួយមានពីលេខ១ ដល់លេខ៦ តាមការសាកសួរ និងចំណាយរបស់អតិថិជន។
- លេខរៀងទី១៩** ផ្តល់ការធ្វើតេស្ត: សូមគូសសញ្ញា ✓ ក្នុងប្រអប់មិនយល់ព្រមធ្វើតេស្ត ករណីគាត់មិនយល់ព្រម ។

សូមគូសសញ្ញា ✓ ក្នុងប្រអប់យល់ព្រមធ្វើតេស្ត រួចសូមគូសសញ្ញា ✓ ក្នុងប្រអប់លទ្ធផលតេស្ត ពីលេខ ១ ដល់ ៣ ។ ប្រសិនបើទីតាំងធ្វើតេស្តនោះមានការធ្វើតេស្តស្វ័យ (ឧទាហរណ៍ ការប្រើ HIV/Syphilis Daul Test តេស្ត សូមគូសសញ្ញា ✓ ក្នុងប្រអប់លទ្ធផលតេស្ត រកមេរោគស្វាយពីលេខ១ ដល់ ២ (Rapid Syphilis)។

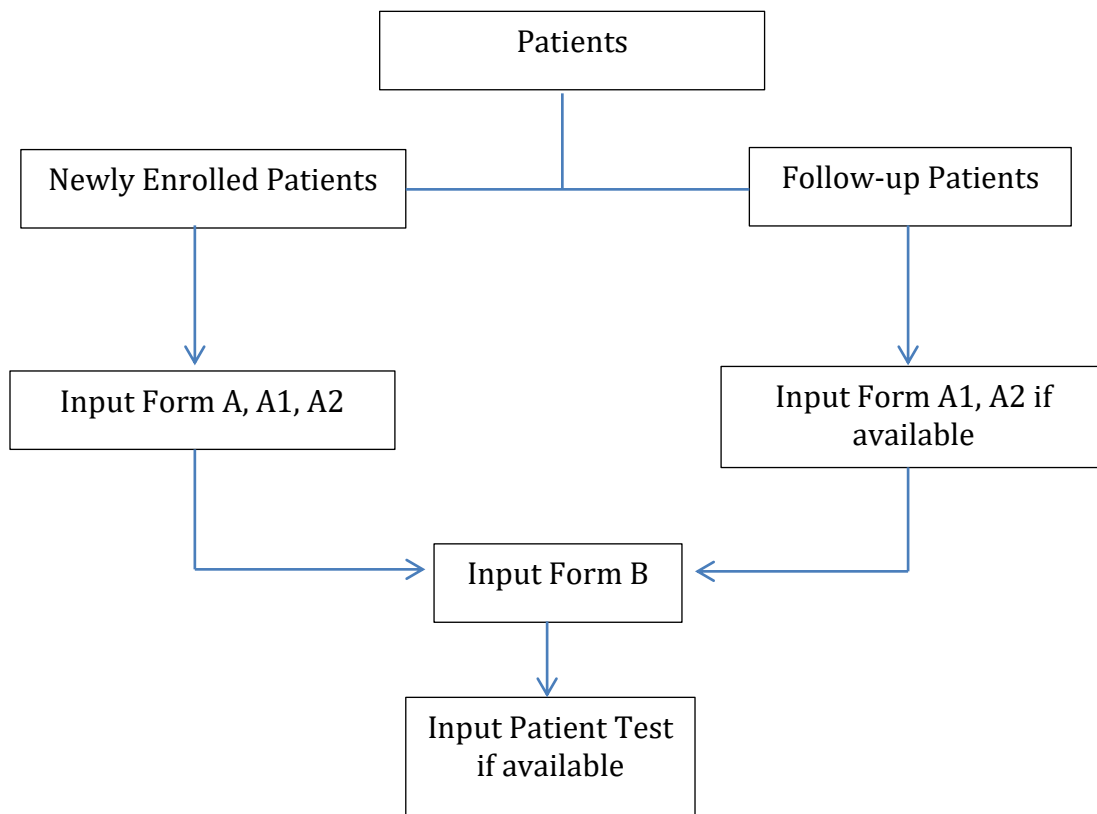
លេខអៀង៧០

ការផ្តល់ប្រឹក្សាក្រោយតេស្ត: សូមគូសសញ្ញា ✓ ក្នុងប្រអប់ មិនបានផ្តល់ប្រឹក្សា បើអតិថិជនមិនបានទទួល លទ្ធផលតេស្ត ។ សូមគូសសញ្ញា ✓ ក្នុងប្រអប់បានផ្តល់ប្រឹក្សា និង បំពេញថ្ងៃ ខែ ឆ្នាំ។

លេខអៀង៧១

ការបញ្ជូនទៅកាន់: សូមគូសសញ្ញា ✓ ក្នុងប្រអប់ ពីលេខ១ ដល់ ៧ ដែលអ្នកផ្តល់ប្រឹក្សាបាន បញ្ជូនទៅកាន់សេវា។ ឧទាហរណ៍១ អតិថិជនម្នាក់មានរោគវិនិច្ឆ័យថាផ្ទុកមេរោគអេដស៍ ត្រូវគូសសញ្ញា ✓ ក្នុងប្រអប់នៅពីមុខ លេខ១ សេវា ART និងសូមសរសេរឈ្មោះអ្នកផ្តល់ប្រឹក្សា និងចុះហត្ថលេខា។ ឧទាហរណ៍២ បើគាត់ជាស្ត្រីមានផ្ទៃពោះ មានរោគវិនិច្ឆ័យថាមានផ្ទុកមេរោគអេដស៍ ត្រូវគូសសញ្ញា ✓ ក្នុងប្រអប់នៅពីមុខ លេខ១ សេវា ART រួចអ្នកផ្តល់ប្រឹក្សាត្រូវបំពេញ សាលកប័ក្របញ្ជូនទៅផ្នែកសម្ភព ដូច្នោះត្រូវគូសសញ្ញា ✓ ក្នុងប្រអប់នៅពីមុខ លេខ៣ និងសូមសរសេរឈ្មោះអ្នកផ្តល់ប្រឹក្សាធ្វើតេស្ត និងចុះហត្ថ លេខាផង។

3.5. Flow of data entry into ART database



3.6. Procedures to control data quality

- **At site level:** At ART clinic
 - ART team leader:
 - Organizes weekly meeting (preferably every Friday afternoon) among ART team members to clarify, discuss and solve any data quality problems (incomplete, missing, unreadable writing/recording, inconsistency, errors, etc.) may occur during the week.
 - Has data entry clerk assists him/her with the data quality checks (completeness, no missing required information, consistency, accuracy, and timeliness).
 - Data entry clerk:
 - Counts patient files to get the total number, write the number on the pile

- Verifies number of patients visited the clinic on the list of patient visit and number of patient files
- Checks the completeness of the “Forms” related to the required fields in each Form mentioned above before entry
- Runs frequency check:
 - Number of patient files (to match with the number counted early)
 - Any missing value of required variables. If there is any missing value, verify with the patient file
 - Consistency, for example, all patients without any sign of TB shall have Isoniazid prescribed and date start IPT filled in if the patient did not have date complete IPT filled in yet. (hard for the real practice)
- Runs frequency check of a few most important variables:
 - Number of newly enrolled patients with CD4 baseline requested
 - Number of patients eligible for viral load test have viral load tested
 - Number of patients with viral load: <40; 40-999; 1000+ copies/ml
- Indicators. To ensure the data quality at ART clinic, the following indicators will be reported at every weekly meeting of the ART team:
 - Number (%) of patient files entered on time (target: 100%).
 - Number (%) of patient files with incomplete records of any variables (target: not greater than 3%). The variables include patient ID, age, sex, date of first HIV positive, date of initial visit, date of ART initiation.
 - Number (%) of patient files with inconsistency of any fields (target: not greater than 3%).
 - Number (%) of patient files with timely viral load value (target: at least 90%). The list of patients tested vs eligible (base on provision guideline) considering using tool to generate VL reminder in the existing ART database
 - Number (%) of patient files with baseline CD4 (target: 100%).
- **At PASP level:** PASP Manager and data management officer (PDMO):
 - PASP with assistance from PDMO conducts routine monthly supervision to all ART clinics in the province,
 - Take 50% of the charts of patients who visited the clinic at last five days, and review:
 - The completeness of the charts on key variables but not limited to last viral load result, last CD4 result, risk screening on A2 form, number of sexual/shared needle

partners, number of children, EAC, HCV, and Cryptococcus screening.

- The consistency between the chart and database, meaning what are on the chart are entered in the database.
- The timeliness of the data entry, meaning all charts of the patients who visited clinic at the last five days were entered into the database.
- Measurement indicators for data quality
 - % of charts with complete entries (target 100%)
 - % of entries consistent with charts (target of at least 97%)
 - % of charts with timely entered (target 100%)
- **At NCHADS-DMU level** – Data Management Officer
 - Measurement indicators for data quality
 - % of ART sites submitted back-up file on time (monthly basis – first week of coming month) to central level (target 100%)
 - % of ART sites using Drag & Drop Tool (target 100% at the end of 2019)
 - % of ART sites found error during the process of importing into ART aggregation database (target not more than 5%)

4. Annex

Annex 1.1: Form A – Adult Initial Visit Form (front)

ទំព័រព័ត៌មានរបស់អ្នកជំងឺដែលមកពិនិត្យដំបូង (Adult Initial Visit Form)										ក	
លេខកូដអ្នកជំងឺ <small>Clinic ID number</small>							ថ្ងៃខែឆ្នាំមកពិនិត្យដំបូង	/	/	201...	
<input type="radio"/> អ្នកជំងឺបាត់មុខរបីយូរពេលមកវិញ <small>Patients lost then return</small>	លេខកូដអ្នកជំងឺពីមុន <small>Previous Clinic ID number</small>										
ឈ្មោះ	ថ្ងៃ ខែ ឆ្នាំកំណើត					/	/	អាយុ	ឆ្នាំ	<input type="radio"/> ប្រុស <input type="radio"/> ស្រី	
កម្រិតសិក្សា <small>Education</small>	<input type="checkbox"/> គ្មាន	<input type="checkbox"/> បឋមសិក្សា	<input type="checkbox"/> មធ្យមសិក្សា	<input type="checkbox"/> មហាវិទ្យាល័យ	ចេះអាន?	<input type="checkbox"/> ទេ	<input type="checkbox"/> បាទ	ចេះសរសេរ?	<input type="checkbox"/> ទេ	<input type="checkbox"/> បាទ	
បញ្ហាសក្តិ:	<input type="checkbox"/> មកដោយខ្លួនឯង <input type="checkbox"/> ការទំនាក់ទំនង និងសហគមន៍ <input type="checkbox"/> សេវាផ្តល់ប្រឹក្សា និងធ្វើតេស្តឈាមរកមេរោគអេដស៍ ដោយស្ម័គ្រចិត្ត និងរក្សាការសម្ងាត់ (VCCT)										
	<input type="checkbox"/> កម្មវិធីបង្ការការចម្លងមេរោគអេដស៍ពីម្តាយទៅទារក (PMTCT) <input type="checkbox"/> កម្មវិធីកំទាត់រាករបេង (TB Program) <input type="checkbox"/> មជ្ឈមណ្ឌលផ្តល់ឈាម (Blood Bank)										
	<input type="checkbox"/> ផ្សេងៗ (បញ្ជាក់លម្អិតក្នុងកន្លែង).....										
ថ្ងៃខែឆ្នាំដែលលទ្ធផលតេស្តឈាមវិជ្ជមាន	ឈ្មោះ VCCT:		លេខកូដ VCCT <small>VCCT Code</small>								
/ / 201...					លេខកូដអតិថិជន <small>VCCT client code</small>						
លេខកូដកម្មវិធីផ្សេងៗ <small>ID from other Programme</small>	Target Group					UIC					
	PMRS ID										
	ID POOR										
ផ្លាស់ជាផ្លូវការមកពី? <small>Official Transfer in?</small>	<input type="checkbox"/> ទេ	<input type="checkbox"/> បាទ	មកពី			លេខកូដកុមារ <small>Children ID</small>	P				
ថ្ងៃខែឆ្នាំដែលចាប់ផ្តើមប្រើ ARV នៅកម្មវិធីជាតិ <small>Date started ART in National Program</small>	/	/	លេខកូដ ART <small>ART number</small>								
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន <small>Signature of register</small>					ឈ្មោះ <small>Name</small>						
ប្រវត្តិជំងឺរាងកាយ និងការព្យាបាល <small>(TB Past Medical History and Treatment)</small>					<input type="checkbox"/> មាន <input type="checkbox"/> គ្មាន <input type="checkbox"/> មិនដឹង						
ការព្យាបាលបង្ការដោយ INH កន្លងទៅ <input type="checkbox"/> បាទ <input type="checkbox"/> ទេ <input type="checkbox"/> មិនដឹង											
ប្រភេទនៃជំងឺរាងកាយ <small>Type of TB</small>	<input type="checkbox"/> បេងស្តូត <small>(PTB)</small>	<input type="checkbox"/> បេងក្រស្តូត <small>(EP-TB)</small>	ពេលវេលាចាប់ផ្តើមជំងឺ			ព្យាបាលរបេង: ថ្ងៃខែឆ្នាំព្យាបាល					
	<input type="checkbox"/> វិជ្ជមានបេក <small>BK +</small>	<input type="checkbox"/> អវិជ្ជមានបេក/គ្លីនិក <small>BK -Clinic</small>	/	/		<input type="checkbox"/> ប្រភេទទី១ <small>(Cat 1)</small>	<input type="checkbox"/> ប្រភេទទី២ <small>(Cat 2)</small>	<input type="checkbox"/> ប្រភេទទី៣ <small>(Cat 3)</small>	<input type="checkbox"/> ប្រភេទទី៤ <small>(Cat 4)</small>	<input type="checkbox"/> មិនដឹង <small>Unknown</small>	
លទ្ធផលព្យាបាល:	<input type="checkbox"/> ជាន់ស្បើយ បញ្ចប់ការព្យាបាល <input type="checkbox"/> បរាជ័យ <input type="checkbox"/> ស្លាប់ <input type="checkbox"/> បោះបង់ <input type="checkbox"/> មិនបានវាយតម្លៃ កំពុងព្យាបាល <input type="checkbox"/> ថ្ងៃខែឆ្នាំបញ្ចប់ការព្យាបាល / /										

Annex 1.2: Form A – Adult Initial Visit Form (back)

ប្រវត្តិការប្រើប្រាស់ថ្នាំ ARV (ARV Treatment History)						
បញ្ជាក់លំអិតការព្យាបាលដោយថ្នាំ		មន្ទីរពេទ្យ/គ្លីនិក	ថ្ងៃខែឆ្នាំចាប់ផ្តើម	ថ្ងៃខែឆ្នាំបញ្ចប់	កំណត់សំគាល់	
ឱសថ ARV			/ /	/ /		
កម្មវិធី រួម			/ /	/ /		
បញ្ចូល PMTCT			/ /	/ /		
Previous ARV including PMTCT			/ /	/ /		
<input type="checkbox"/> បាទ			/ /	/ /		
<input type="checkbox"/> ទេ			/ /	/ /		
ប្រវត្តិការព្យាបាលជំងឺផ្សេងទៀត (Other Medical Treatment History)						
ប្រភេទជំងឺ (Type of illness)	បញ្ជាក់អំពីការព្យាបាលដោយប្រើប្រាស់ថ្នាំ	មន្ទីរពេទ្យ/គ្លីនិក	ថ្ងៃខែឆ្នាំចាប់ផ្តើម	ថ្ងៃខែឆ្នាំបញ្ចប់	សំគាល់	
<input type="checkbox"/> Diabetes			/ /	/ /		
<input type="checkbox"/> Hypertension			/ /	/ /		
<input type="checkbox"/> Abnormal Lipidemia			/ /	/ /		
<input type="checkbox"/> Renal disease			/ /	/ /		
<input type="checkbox"/> Anemia			/ /	/ /		
<input type="checkbox"/> Liver disease			/ /	/ /		
<input type="checkbox"/> Hep B/ Hep C			/ /	/ /		
<input type="checkbox"/> Other			/ /	/ /		
ប្រតិកម្មឱសថ (Drug Allergy)				<input type="checkbox"/> មាន	<input type="checkbox"/> គ្មាន	<input type="checkbox"/> មិនដឹង
ឈ្មោះឱសថ	ប្រព័ន្ធកម្ម	ថ្ងៃខែឆ្នាំ	ឈ្មោះឱសថ	ប្រព័ន្ធកម្ម	ថ្ងៃខែឆ្នាំ	
		/ /			/ /	
		/ /			/ /	
		/ /			/ /	
ហត្ថលេខាអ្នកប្រើប្រាស់ព័ត៌មាន Signature of register				ឈ្មោះ: Name		

Annex 2.1: Form A1 – Adult Updated Information Form

ទំព័រសំរាប់ធ្វើបច្ចុប្បន្នភាពព័ត៌មានរបស់អ្នកជំងឺ (Adult Updated Information Form)							ក១
លេខកូដអ្នកជំងឺ <small>Clinic ID number</small>							
ឈ្មោះ		ថ្ងៃ ខែ ឆ្នាំកំណើត		/ /		អាយុ	ឆ្នាំ
						<input type="checkbox"/> ស្រី	<input type="checkbox"/> ប្រុស

ថ្ងៃខែឆ្នាំ ធ្វើបច្ចុប្បន្នភាពព័ត៌មានអ្នកជំងឺ					/	/	201....		
ស្ថានភាពផ្ទាល់ខ្លួន	<input type="checkbox"/> នៅលើវិ		<input type="checkbox"/> រៀបការ		<input type="checkbox"/> លែងលះ		<input type="checkbox"/> មេ/ពោះម៉ាយ		មុខរបរ
អាស័យដ្ឋាន:	ក្រុមទី	ផ្លូវលេខ	ភូមិ	ឃុំ/សង្កាត់					
	ស្រុក/ខ័ណ្ឌ	ខេត្ត/ក្រុង		លេខទូរស័ព្ទ					
ឈ្មោះអ្នកទំនាក់ទំនងទី១:	អាស័យដ្ឋាន:			លេខទូរស័ព្ទ					
ឈ្មោះអ្នកទំនាក់ទំនងទី២:	អាស័យដ្ឋាន:			លេខទូរស័ព្ទ					
ទទួលការឧបត្ថម្ភដោយ:		<input type="checkbox"/> សកម្មភាពសហគមន៍វិ		ឈ្មោះ និងទីតាំងរបស់សកម្មភាពសហគមន៍: (Name and location of CA team):					
		អង្គការក្រៅរដ្ឋាភិបាល (CANGO)						
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន							ឈ្មោះ		

ថ្ងៃខែឆ្នាំ ធ្វើបច្ចុប្បន្នភាពព័ត៌មានអ្នកជំងឺ					/	/	201....		
ស្ថានភាពផ្ទាល់ខ្លួន	<input type="checkbox"/> នៅលើវិ		<input type="checkbox"/> រៀបការ		<input type="checkbox"/> លែងលះ		<input type="checkbox"/> មេ/ពោះម៉ាយ		មុខរបរ
អាស័យដ្ឋាន:	ក្រុមទី	ផ្លូវលេខ	ភូមិ	ឃុំ/សង្កាត់					
	ស្រុក/ខ័ណ្ឌ	ខេត្ត/ក្រុង		លេខទូរស័ព្ទ					
ឈ្មោះអ្នកទំនាក់ទំនងទី១:	អាស័យដ្ឋាន:			លេខទូរស័ព្ទ					
ឈ្មោះអ្នកទំនាក់ទំនងទី២:	អាស័យដ្ឋាន:			លេខទូរស័ព្ទ					
ទទួលការឧបត្ថម្ភដោយ:		<input type="checkbox"/> សកម្មភាពសហគមន៍វិ		ឈ្មោះ និងទីតាំងរបស់សកម្មភាពសហគមន៍: (Name and location of CA team):					
		អង្គការក្រៅរដ្ឋាភិបាល (CANGO)						
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន							ឈ្មោះ		

Annex 3.1: Form A2 – PNTT Initial Assessment Form for Partners

ទម្រង់តារាងតម្លៃសម្រាប់ការវាយតម្លៃដំបូង និងស្វែងរកករណីជំនួញក្នុងគ្រួសារ (PNTT Initial Assessment Form)										ក២	
លេខកូដអ៊ីតិក/ART: Clinic ID/ART#:				ថ្ងៃ ខែ ឆ្នាំមកពីនិព្វ:/...../២០.....			យល់ព្រមចំពោះ: <input type="checkbox"/> ការជូនដំណឹង <input type="checkbox"/> បាទ/ចាស <input type="checkbox"/> ទេ			<input type="checkbox"/>	<input type="checkbox"/>
ការពិនិត្យស្រាវជ្រាវរកកត្តាប្រឈម:				ធ្លាប់	៦ខែ	មិនធ្លាប់	ធ្លាប់	៦ខែ	មិនធ្លាប់		
ធ្លាប់រួមភេទជាមួយដៃគូដែលដឹងថាមានផ្ទុកមេរោគអេដស៍				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ធ្លាប់ចាក់ថ្នាំឆ្លៀត			<input type="checkbox"/>	<input type="checkbox"/>
ធ្លាប់រួមភេទជាមួយស្ត្រី				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ធ្លាប់ប្រើម្សៅស៊ីរ៉ាំងរួមគ្នា			<input type="checkbox"/>	<input type="checkbox"/>
ធ្លាប់រួមភេទជាមួយបុរស				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ទទួលបានប្រាក់សម្រាប់ការរួមភេទ			<input type="checkbox"/>	<input type="checkbox"/>
ធ្លាប់រួមភេទជាមួយក្រុមបំបែកភេទ				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	បានផ្តល់ប្រាក់សម្រាប់ការរួមភេទ			<input type="checkbox"/>	<input type="checkbox"/>
ធ្លាប់រួមភេទជាមួយមនុស្សលើសពី៤នាក់				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ធ្លាប់ធ្វើអន្តោប្រវេសន៍សម្រាប់ការងារ (ក្នុងឬក្រៅប្រទេស)			<input type="checkbox"/>	<input type="checkbox"/>
ចំនួនដៃគូកូនបង្កើត(អាយុក្រោម១៥ឆ្នាំ)បច្ចុប្បន្នរបស់អ្នកជំងឺ: ចំនួនដៃគូរួមភេទ _____ ចំនួនដៃគូប្រើម្សៅរួមគ្នា: _____ ចំនួនកូនបង្កើត _____											
ដៃគូទី១ (Partner 1)											
ឈ្មោះ:				អាយុ:			ភេទ <input type="checkbox"/> ប្រុស <input type="checkbox"/> ស្រី				
អាយុជាន:							លេខទូរស័ព្ទ:				
ទំនាក់ទំនងជាមួយអ្នកជំងឺ:						ការរៀបចំផែនការជូនដំណឹង:					
<input type="checkbox"/> ប្រពន្ធឬវិញ្ញាណប័ណ្ណ <input type="checkbox"/> ដៃគូរួមភេទជាប់លាប់ <input type="checkbox"/> ផ្សេងៗ: _____						<input type="checkbox"/> ឈ្មោះ ពេលវេលាសារ IPV: អ្នកជំងឺបានឆ្លើយ បាទ/ចាស ចំពោះសំណួរ IPV ណាមួយ <input type="checkbox"/> បញ្ជូនដោយអ្នកជំងឺ: អ្នកជំងឺនឹងជូនដំណឹងដល់ដៃគូដោយខ្លួនឯង <input type="checkbox"/> បញ្ជូនដោយអ្នកផ្តល់សេវា: អ្នកផ្តល់សេវាសុខភាពនឹងជូនដំណឹងដល់ដៃគូអ្នកជំងឺ <input type="checkbox"/> បញ្ជូនដោយមានលក្ខខណ្ឌ: អ្នកជំងឺនឹងជូនដំណឹងដល់ដៃគូខ្លួនឯងនៅថ្ងៃទី _____ / ____ / ____ ។ ក្រោយថ្ងៃនេះ អ្នកផ្តល់សេវាតែ ទាំងសុខភាពនឹងជូនដំណឹងទៅដៃគូអ្នកជំងឺ <input type="checkbox"/> បញ្ជូនដោយអ្នកជំងឺនិងអ្នកផ្តល់សេវា: អ្នកជំងឺនិងអ្នកផ្តល់សេវា នឹងសហការគ្នាជូនដំណឹងដល់ដៃគូនៅថ្ងៃទី ____ / ____ / ____ ។					
ដៃគូបង្កហិង្សា (IPV):						បាទ/ចាស	ទេ				
វាយ ទាត់ ទះ ឬធ្វើបាបបងកាយអ្នក?						<input type="checkbox"/>	<input type="checkbox"/>				
ធ្លាប់គំរាមកំហែងអ្នក?						<input type="checkbox"/>	<input type="checkbox"/>				
ធ្លាប់បង្ខំរួមភេទដោយមិនមានលក្ខណៈសមរម្យ						<input type="checkbox"/>	<input type="checkbox"/>				
ការព្យាយាម ទាក់ទង						លទ្ធផល:					
ថ្ងៃ ខែ ឆ្នាំ	ទូរស័ព្ទទៅផ្ទាល់		ទាក់ទងដៃគូបាន?		កំណត់សំគាល់	<input type="checkbox"/> បដិសេធការធ្វើតេស្ត <input type="checkbox"/> ព្រមធ្វើតេស្ត HIV: វិជ្ជមាន(+) អវិជ្ជមាន(-) មិនអាចកំណត់បាន(+/-) លទ្ធផល: ○ ○ ○					
//_	(P)	(V)	បាន	ទេ		<input type="checkbox"/> ដឹងថាមានផ្ទុកមេរោគអេដស៍ (HIV+) និងកំពុងទទួលការព្យាបាល: លេខកូដអ៊ីតិក/ART: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					
//_	○	○	○	○		<input type="checkbox"/> ផ្សេងៗ: _____					
//_	○	○	○	○							
//_	○	○	○	○							
//_	○	○	○	○							
ដៃគូទី២ (Partner 2)											
ឈ្មោះ:				អាយុ:			ភេទ <input type="checkbox"/> ប្រុស <input type="checkbox"/> ស្រី				
អាយុជាន:							លេខទូរស័ព្ទ:				
ទំនាក់ទំនងជាមួយអ្នកជំងឺ:						ការរៀបចំផែនការជូនដំណឹង:					
<input type="checkbox"/> ប្រពន្ធឬវិញ្ញាណប័ណ្ណ <input type="checkbox"/> ដៃគូរួមភេទជាប់លាប់ <input type="checkbox"/> ផ្សេងៗ: _____						<input type="checkbox"/> ឈ្មោះ ពេលវេលាសារ IPV: អ្នកជំងឺបានឆ្លើយ បាទ/ចាស ចំពោះសំណួរ IPV ណាមួយ <input type="checkbox"/> បញ្ជូនដោយអ្នកជំងឺ: អ្នកជំងឺនឹងជូនដំណឹងដល់ដៃគូដោយខ្លួនឯង <input type="checkbox"/> បញ្ជូនដោយអ្នកផ្តល់សេវា: អ្នកផ្តល់សេវាសុខភាពនឹងជូនដំណឹងដល់ដៃគូអ្នកជំងឺ <input type="checkbox"/> បញ្ជូនដោយមានលក្ខខណ្ឌ: អ្នកជំងឺនឹងជូនដំណឹងដល់ដៃគូខ្លួនឯងនៅថ្ងៃទី _____ / ____ / ____ ។ ក្រោយថ្ងៃនេះ អ្នកផ្តល់សេវាតែ ទាំងសុខភាពនឹងជូនដំណឹងទៅដៃគូអ្នកជំងឺ <input type="checkbox"/> បញ្ជូនដោយអ្នកជំងឺនិងអ្នកផ្តល់សេវា: អ្នកជំងឺនិងអ្នកផ្តល់សេវា នឹងសហការគ្នាជូនដំណឹងដល់ដៃគូនៅថ្ងៃទី ____ / ____ / ____ ។					
ដៃគូបង្កហិង្សា (IPV):						បាទ/ចាស	ទេ				
វាយ ទាត់ ទះ ឬធ្វើបាបបងកាយអ្នក?						<input type="checkbox"/>	<input type="checkbox"/>				
ធ្លាប់គំរាមកំហែងអ្នក?						<input type="checkbox"/>	<input type="checkbox"/>				
ធ្លាប់បង្ខំរួមភេទដោយមិនមានលក្ខណៈសមរម្យ						<input type="checkbox"/>	<input type="checkbox"/>				
ការព្យាយាម ទាក់ទង						លទ្ធផល:					
ថ្ងៃ ខែ ឆ្នាំ	ទូរស័ព្ទទៅផ្ទាល់		ទាក់ទងដៃគូបាន?		កំណត់សំគាល់	<input type="checkbox"/> បដិសេធការធ្វើតេស្ត <input type="checkbox"/> ព្រមធ្វើតេស្ត HIV: វិជ្ជមាន(+) អវិជ្ជមាន(-) មិនអាចកំណត់បាន(+/-) លទ្ធផល: ○ ○ ○					
//_	(P)	(V)	បាន	ទេ		<input type="checkbox"/> ដឹងថាមានផ្ទុកមេរោគអេដស៍ (HIV+) និងកំពុងទទួលការព្យាបាល: លេខកូដអ៊ីតិក/ART: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					
//_	○	○	○	○		<input type="checkbox"/> ផ្សេងៗ: _____					
//_	○	○	○	○							
//_	○	○	○	○							
//_	○	○	○	○							

IPV = Intimate Partner Violence (ដៃគូបង្កហិង្សា)

P = Phone

V = Visit

Annex 3.2: Form A2 – PNTT Initial Assessment Form for Children

ទម្រង់ទិន្នន័យសម្រាប់ការវាយតម្លៃដំបូង និងស្វែងរកជំងឺអេដស៍ ដើម្បីធ្វើតេស្តអេសអេស

(PNTT Initial Assessment Form)

ក២

កូនទី១ (Child 1)

ឈ្មោះ: _____ **អាយុ:** _____ **ភេទ** ប្រុស ស្រី

អាសយដ្ឋាន: _____ **លេខទូរស័ព្ទ:** _____

ការរៀបចំផែនការនាំកុមារមកពិនិត្យ៖	ការព្យាយាម ទាក់ទង					
	ថ្ងៃ ខែ ឆ្នាំ	ទូរស័ព្ទ/ទៅផ្ទាល់		ទាក់ទងដៃគូបាន?		កំណត់សំគាល់
<input type="checkbox"/> បញ្ជូនដោយអ្នកជំងឺ: អ្នកជំងឺនឹងនាំកុមារមកពិនិត្យដោយខ្លួនឯង		(P)	(V)	បាន	ខ្ល	
<input type="checkbox"/> បញ្ជូនដោយអ្នកផ្តល់សេវា: អ្នកផ្តល់សេវាថែទាំសុខភាពនិងជូនដំណឹងដល់ឪពុកម្តាយឬអ្នកថែទាំកុមារឱ្យនាំកុមារមកពិនិត្យ	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> បញ្ជូនដោយមានលក្ខខណ្ឌ: អ្នកជំងឺនឹងនាំកុមារមកពិនិត្យត្រឹមថ្ងៃទី ___/___/___។ ក្រោយថ្ងៃនេះ អ្នកផ្តល់សេវាថែទាំសុខភាពនឹងទាក់ទងឪពុកម្តាយឬអ្នកថែទាំកុមារឱ្យនាំកុមារមកពិនិត្យ	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> បញ្ជូនដោយអ្នកជំងឺនិងអ្នកផ្តល់សេវា: អ្នកជំងឺនិងអ្នកផ្តល់សេវាថែទាំសុខភាព នឹងធ្វើការរួមគ្នាដើម្បីនាំកុមារមកពិនិត្យនៅថ្ងៃទី ___/___/___	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

លទ្ធផលនៃការនាំកុមារមកពិនិត្យ៖

បដិសេធការធ្វើតេស្ត ដឹងថាមានផ្ទុកមេរោគអេដស៍ (HIV+) និងកំពុងទទួលការព្យាបាល:

ព្រមធ្វើតេស្ត HIV: វិជ្ជមាន(+) អវិជ្ជមាន(-) មិនអាចកំណត់បាន(+/-) លេខកូដគ្លីនិក/ART: |__| |__| |__| |__| |__| |__| |__| |__| |__|

លទ្ធផល: ផ្សេងៗ: _____

កូនទី២ (Child 2)

ឈ្មោះ: _____ **អាយុ:** _____ **ភេទ** ប្រុស ស្រី

អាសយដ្ឋាន: _____ **លេខទូរស័ព្ទ:** _____

ការរៀបចំផែនការនាំកុមារមកពិនិត្យ៖	ការព្យាយាម ទាក់ទង					
	ថ្ងៃ ខែ ឆ្នាំ	ទូរស័ព្ទ/ទៅផ្ទាល់		ទាក់ទងដៃគូបាន?		កំណត់សំគាល់
<input type="checkbox"/> បញ្ជូនដោយអ្នកជំងឺ: អ្នកជំងឺនឹងនាំកុមារមកពិនិត្យដោយខ្លួនឯង		(P)	(V)	បាន	ខ្ល	
<input type="checkbox"/> បញ្ជូនដោយអ្នកផ្តល់សេវា: អ្នកផ្តល់សេវាថែទាំសុខភាពនិងជូនដំណឹងដល់ឪពុកម្តាយឬអ្នកថែទាំកុមារឱ្យនាំកុមារមកពិនិត្យ	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> បញ្ជូនដោយមានលក្ខខណ្ឌ: អ្នកជំងឺនឹងនាំកុមារមកពិនិត្យត្រឹមថ្ងៃទី ___/___/___។ ក្រោយថ្ងៃនេះ អ្នកផ្តល់សេវាថែទាំសុខភាពនឹងទាក់ទងឪពុកម្តាយឬអ្នកថែទាំកុមារឱ្យនាំកុមារមកពិនិត្យ	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> បញ្ជូនដោយអ្នកជំងឺនិងអ្នកផ្តល់សេវា: អ្នកជំងឺនិងអ្នកផ្តល់សេវាថែទាំសុខភាព នឹងធ្វើការរួមគ្នាដើម្បីនាំកុមារមកពិនិត្យនៅថ្ងៃទី ___/___/___	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

លទ្ធផលនៃការនាំកុមារមកពិនិត្យ៖

បដិសេធការធ្វើតេស្ត ដឹងថាមានផ្ទុកមេរោគអេដស៍ (HIV+) និងកំពុងទទួលការព្យាបាល:

ព្រមធ្វើតេស្ត HIV: វិជ្ជមាន(+) អវិជ្ជមាន(-) មិនអាចកំណត់បាន(+/-) លេខកូដគ្លីនិក/ART: |__| |__| |__| |__| |__| |__| |__| |__| |__|

លទ្ធផល: ផ្សេងៗ: _____

Annex 4.1: Form B – Adult Patient Visit Form (front)

ឯកសារអ្នកជំងឺជំងឺកម្រិតធ្ងន់ (Adult Patient Visit Form)										១									
លេខកូដអ្នកជំងឺ Clinic ID number								លេខកូដ ART (ART number)											
ថ្ងៃ.ខែ.ឆ្នាំពិនិត្យ: / / 201...										<input type="radio"/> មកពិនិត្យជំងឺ		<input type="radio"/> មកមុនពេលកំណត់		<input type="radio"/> មកពិនិត្យតាមការកំណត់		<input type="radio"/> មកពិនិត្យលើត			
ឈ្មោះ		អាពុក..... ឆ្នាំ		<input type="radio"/> ប្រុស		<input type="radio"/> ស្ត្រី		<input type="radio"/> គ្មានផ្ទៃពោះ		<input type="radio"/> មានផ្ទៃពោះ		<input type="radio"/> រលូត		<input type="radio"/> វិលត		មានផ្ទៃពោះពិតថ្ងៃដែលត្រូវដាក់ថ្នាំ:			
ទម្ងន់ Kg		កំពស់ cm		°C		ប្រេម		ទម្ងន់ជាមធ្យម		សំពត់ណាម									
ផ្តល់ការឧបត្ថម្ភ: <input type="checkbox"/> ការបង្កើនប្រសិទ្ធភាព <input type="checkbox"/> ART Adherence										<input type="checkbox"/> ការពន្យារកំរើត		<input type="checkbox"/> TB Infection Control		<input type="checkbox"/> គ្មានការងាយរង		<input type="checkbox"/> ការប្រើប្រាស់គ្រឿងធាតុបំបាត់			
ការវាយតម្លៃស្ថានភាពជំងឺ						ការវាយតម្លៃស្ថានភាពជំងឺដទៃទៀត													
បញ្ហាមធ្យមពិបាក: <input type="radio"/> ថ្មី <input type="radio"/> ធ្ងន់បន្តិច <input type="radio"/> ទាស់						រយៈពេល ៤ សប្តាហ៍ ចុងក្រោយ:													
ថ្ងៃខែឆ្នាំ ចាប់ផ្តើមប្រើថ្នាំ: / / 201...						* ធ្ងន់បន្តិច (Cough, anytime of any duration?)						<input type="radio"/> មាន		<input type="radio"/> គ្មាន					
មធ្យមពិបាក: <input type="checkbox"/> ប្រសាទកម្រិត: ថ្ងៃទី..... រយៈពេល..... ខែ						* ធ្ងន់បន្តិច (Fever, anytime of any duration?)						<input type="radio"/> មាន		<input type="radio"/> គ្មាន					
<input type="checkbox"/> ប្រសាទកម្រិត: ថ្ងៃទី..... រយៈពេល..... ខែ						* ត្រូវការថ្នាំ						<input type="radio"/> មាន		<input type="radio"/> គ្មាន					
<input type="checkbox"/> ក៏ម្តងៗ: ថ្ងៃទី..... រយៈពេល..... ខែ						* ហែរក្រហម/ក្រហមខ្លាំង						<input type="radio"/> មាន		<input type="radio"/> គ្មាន					
<input type="checkbox"/> ប្រសាទកម្រិត: ថ្ងៃទី..... រយៈពេល..... ខែ						រយៈពេល ២ សប្តាហ៍ ឬ លើស						<input type="radio"/> មាន		<input type="radio"/> គ្មាន					
ការពិនិត្យរកមេរោគសញ្ញាជំងឺតាមអាត្មា:										• ប្រសាទកម្រិត: <input type="radio"/> មាន <input type="radio"/> គ្មាន		• ក៏ម្តងៗ: <input type="radio"/> មាន <input type="radio"/> គ្មាន		• ហែរក្រហម/ក្រហមខ្លាំង: <input type="radio"/> មាន <input type="radio"/> គ្មាន					
សំខាន់បំផុតនៃការពិនិត្យជំងឺតាមអាត្មា? <input type="radio"/> ទេ <input type="radio"/> បាទ ប្រសិនបើ:..... មូលហេតុនៃការចូលសំខាន់បំផុត:.....																			
ការវាយតម្លៃការពិនិត្យ: ធ្ងន់បន្តិច ARV ពេលមកពិនិត្យចុងក្រោយ <input type="radio"/> ទេ <input type="radio"/> បាទ ប្រសិនបើ:.....																			
ប្រវត្តិជំងឺបច្ចុប្បន្ន Current Medical History					ការពិនិត្យ Examination														
					រៀបរាប់ Detail														
ការវាយតម្លៃ និង ផែនការ Assessment and Plan																			
សំខាន់បំផុតនៃការពិនិត្យ WHO? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4			ប្រសិនបើមាន (If TB): <input type="radio"/> ប្រសាទកម្រិត: (BK +)		<input type="radio"/> អវិជ្ជមាន/ (BK - / Clinic)														
ការវាយតម្លៃប្រសិទ្ធភាព ART: <input type="radio"/> បាទ <input type="radio"/> ទេ																			
ស្ថានភាពអ្នកជំងឺ: <input type="radio"/> ប្រសាទកម្រិត <input type="radio"/> មិនប្រសាទ <input type="radio"/> មិនស្របច្បាប់																			
វេជ្ជបញ្ជាប្រើថ្នាំតាមប្រាសាទ (Prescribing Laboratory Test)					លទ្ធផល: <input type="radio"/> Positive <input type="radio"/> Negative														
<input type="radio"/> ធ្វើតេស្តមេរោគអេដស៍សំខាន់បំផុត																			
<input type="radio"/> ធ្វើតេស្ត Anti - HCV Test																			
<input type="radio"/> Screening for Cryptococcol Antigen (CrAG)																			
<input type="radio"/> CD4																			
<input type="radio"/> HIV Viral Load																			
<input type="radio"/> HCV Viral Load																			
Other :																			
ពិនិត្យការពិនិត្យតាមប្រាសាទត្រូវត្រូវ ទៀតទាត់ និង ចាប់ផ្តើម សំខាន់បំផុតនៃការពិនិត្យស្ថានភាពអ្នកជំងឺ <input type="checkbox"/> លើកទី ១ <input type="checkbox"/> លើកទី ២ <input type="checkbox"/> លើកទី ៣																			

Annex 4.2: Form B – Adult Patient Visit Form (back)

ការវាយតម្លៃ និង ផែនការ Assessment and Plan										
បញ្ជូនទៅ: <input type="radio"/> PMTCT <input type="radio"/> TB <input type="radio"/> Inpatient <input type="radio"/> Other:										
Medication Toxicities : <input type="checkbox"/> Moderate/ severe anemia (AZT, CTX) <input type="checkbox"/> Renal toxicity (TDF) <input type="checkbox"/> Rash (NVP, EFV, CTX, ABC) <input type="checkbox"/> Hepatitis (NVP, EFV, INH) <input type="checkbox"/> Peripheral neuropathy (d4T, ddl, INH) <input type="checkbox"/> Neutropenia (AZT) <input type="checkbox"/> Hyperlipidemia (PI/r) <input type="checkbox"/> Lactic acidosis (d4T, AZT, ddl) <input type="checkbox"/> Hypersensitivity (ABC) <input type="checkbox"/> Jaundice/ Hyperbilirubinemia (NVP, INH, ATV/r) <input type="checkbox"/> Other: _____										
ឱសថកំពុងប្រើប្រាស់ Current medication										
ឱសថ Medication	កំរិត	បរិមាណ	ពេលវេលា ប្រើប្រាស់	ទំងន់	ទាប/ផ្អែម	ឈប់	បន្ត	ថ្ងៃខែឆ្នាំ	មូលហេតុនៃការបញ្ឈប់ (ក្នុង)	កំណត់ចំណាំ
ARV drugs										
<input type="radio"/> TDF + 3TC + EFV					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
<input type="radio"/> AZT + 3TC+ NVP					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
<input type="radio"/> TDF + 3TC+					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
<input type="radio"/> LPV/r					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
<input type="radio"/> ATV/r					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
OI drugs										
<input type="radio"/> Cotrimoxazole					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		<input type="radio"/> 1° <input type="radio"/> 2° <input type="radio"/> 3°*
<input type="radio"/> Fluconazole					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		<input type="radio"/> 1° <input type="radio"/> 2° <input type="radio"/> 3°*
<input type="radio"/> Isoniazid					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
<input type="radio"/> B6					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
HCV drug										
<input type="radio"/> Sofosbuvir					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
<input type="radio"/> Daclatasvir					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
<input type="radio"/> Ribavirin					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
សម្រាប់ការព្យាបាល <input type="radio"/> ជាដំបូង <input type="radio"/> បរាជ័យ <input type="radio"/> សម្រាប់ការព្យាបាល										
TB drugs										
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /201...		
លទ្ធផល/ ទិសដៅការ Outcome / Actions										
<input type="radio"/> សម្រាប់	<input type="radio"/> ភ្ជាប់ ទឹកផ្លែឈូក: <input type="checkbox"/> ទៅផ្ទះ <input type="checkbox"/> ទៅមន្ទីរពេទ្យ <input type="checkbox"/> ផ្សេងៗ..... ថ្ងៃខែឆ្នាំ: / /201... មូលហេតុនៃការភ្ជាប់ :									
<input type="radio"/> បញ្ឈប់ការព្យាបាលដោយសម្រេចបានពីការវាយតម្លៃសុខភាពរបស់អ្នកជំងឺ								<input type="radio"/> ផ្តល់ចេញទៅកន្លែងដែលមានសេវា ART ផ្សេងទៀត (ឈ្មោះ)		
ថ្ងៃណាត់ជួបដំបូងបន្តិចបន្តួច Next appointment: / /201...								ហត្ថលេខា និង ឈ្មោះអ្នកស្របព័ត៌មាន		
* 1° (Primary Prophylaxis), 2° (Secondary Prophylaxis), 3° (Treatment Only) Last updated 01/02/2018										

Annex 5.1: Form A – Children Initial Visit Form (front)

ទំព័រទីមួយរបស់កុមារមេកតិកស្រដៀង (Children Initial Visit Form)										ក													
លេខកូដអ្នកជំងឺកុមារ <small>Clinic ID number</small>					P	ថ្ងៃមកពិគ្រោះដំបូង <small>Date first visit</small>					/ /												
<input type="checkbox"/> អ្នកជំងឺកុមារបាត់មុខបើយកត្រឡប់មកវិញ <small>Children patient lost then return</small>					លេខកូដអ្នកជំងឺកុមារពីមុន <small>Previous Child Clinic ID number</small>																		
ឈ្មោះ <small>Name</small>					អាយុ* <small>Age</small>		ថ្ងៃខែឆ្នាំកំណើត <small>Date of Birth</small>			<input type="radio"/> ស្រី <small>Female</small>		<input type="radio"/> ប្រុស <small>Male</small>											
បញ្ជូនមកពី: <small>Referred from</small>																							
<input type="radio"/> មកដោយខ្លួនឯង <small>Self referral</small>				<input type="radio"/> ការផ្តល់ព័ត៌មានដោយផ្ទាល់ <small>សហគមន៍ CBPC/SNGO</small>				<input type="radio"/> ការផ្តល់ប្រឹក្សា និង ផ្តល់ការប្រយោជន៍ដោយផ្ទាល់ <small>ដោយស្ម័គ្រចិត្ត និង រក្សាការសម្ងាត់ (VCCT)</small>															
<input type="radio"/> ផ្សេងៗ, បញ្ជាក់ឈ្មោះ និងទីកន្លែងដែលបញ្ជូនមកពី: <small>Other: Details about the name and location of facility</small>																							
<input type="radio"/> មកពីសេវាកុមារប្រឈម <small>EID Service</small>				លេខកូដកុមារប្រឈម <small>(EID Clinic ID)</small>				E <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
លទ្ធផលតេស្តឈាមរកមេរោគអេដស៍វិជ្ជមាន: <small>HIV positive test information:</small>					ថ្ងៃខែឆ្នាំធ្វើតេស្ត <small>Test date:</small>		<input type="radio"/> HIV PCR			<input type="radio"/> HIV PCR confirm		<input type="radio"/> Antibody Test											
					លេខកូដ VCCT <small>VCCT Code</small>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
					លេខកូដអតិថិជន <small>Client Code</small>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
ប្រវត្តិអាហាររបស់កុមារ: <small>Infant feeding history</small>																							
<input type="radio"/> ប្រើទឹកដោះស្រាយស្រដៀង <small>Exclusive formula feeding</small>				<input type="radio"/> ប្រើទឹកដោះស្រាយដោយផ្ទាល់ <small>Exclusive Breast feeding</small>				<input type="radio"/> ការប្រើទឹកដោះស្រាយចម្រុះ <small>Mixed feeding</small>			<input type="radio"/> មិនដឹង <small>Unknown</small>												
បញ្ជូនជាផ្លូវការមកពីសេវា Pre-ART / ART ណា? <small>Official Transfer in from Pre-ART/ ART site?</small>																							
<input type="radio"/> ទេ <small>No</small>					<input type="radio"/> បាទ <small>Yes</small>			មកពី..... <small>From</small>															
ថ្ងៃខែឆ្នាំចាប់ផ្តើម ART រដ្ឋាករជាតិ <small>Date started ART in National Program</small>					/ /		លេខកូដ ART: P																
ព័ត៌មានអំពីគ្រួសារ Family History																							
ក្រុមគ្រួសារ (ស្តេច និងម្តាយ) <small>Relative: mother/father</small>	អាយុ <small>Age</small>	ស្ថានភាព HIV <small>HIV status</small>			ស្ថានភាព <small>Status</small>			ប្រវត្តិទាក់ទងនឹង PMTCT របស់ម្តាយ <small>PMTCT history (mother)</small>			ប្រវត្តិជំងឺរបេង <small>History of TB</small>												
		វិជ្ជមាន <small>Positive</small>	អវិជ្ជមាន <small>Negative</small>	មិនដឹង <small>Unknown</small>	រស់ <small>Alive</small>	ស្លាប់ <small>Dead</small>	មិនដឹង <small>Unknown</small>	ការចាប់ផ្តើមប្រើប្រាស់ថ្នាំ ART (Starting ART): <small>PMTCT history (mother)</small>			បាទ <small>Yes</small>	ទេ <small>No</small>	មិនដឹង <small>Unknown</small>										
		+	-	មិនដឹង <small>Unknown</small>	រស់ <small>Alive</small>	ស្លាប់ <small>Dead</small>	មិនដឹង <small>Unknown</small>	<input type="radio"/> បាទ Yes <input type="radio"/> ទេ No <input type="radio"/> មិនដឹង Unknown <input type="radio"/> អំឡុងពេលមានផ្ទៃពោះ (during pregnancy) <input type="radio"/> អំឡុងពេលសំរាល (during delivery) <input type="radio"/> ក្រោយពេលសំរាល (after delivery)			មិនដឹង <small>Unknown</small>												
ម្តាយ Mother								Regimen															
ឪពុក Father																							
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន <small>Signature of Register</small>							ឈ្មោះ <small>Name</small>																

Last updated: April 17, 2017

* កុមារអាចមានជំងឺ ឬ គ្រួសារជំងឺ

Annex 5.2: Form A – Children Initial Visit Form (back)

ប្រវត្តិជំងឺបេកន្តូមក និងការព្យាបាល (TB Past Medical History and Treatment)						<input type="radio"/> មាន	<input type="radio"/> គ្មាន	<input type="radio"/> មិនដឹង
ប្រភេទជំងឺបេក Type of TB	<input type="checkbox"/> រចមស្គន (PTB)	<input type="checkbox"/> រចមក្រៅស្គន (EP-TB)	ពេលវេលាចាប់ផ្តើមជំងឺ Date onset of sickness		ព្យាបាលបេក TB treatment	ថ្ងៃខែឆ្នាំព្យាបាល Date of treatment		
	<input type="checkbox"/> វិជ្ជមានបេក BK +	<input type="checkbox"/> អវិជ្ជមានបេក / គ្លីនិក BK (-) / Clinic	/ /		<input type="checkbox"/> ប្រភេទទី១ (Cat 1)	<input type="checkbox"/> ប្រភេទទី២ (Cat 2)	<input type="checkbox"/> ប្រភេទទី៣ (Cat 3)	<input type="checkbox"/> ប្រភេទទី៤ (Cat 4)
លទ្ធផលព្យាបាល Treatment outcome:	<input type="checkbox"/> ជាសះស្បើយ Cured	<input type="checkbox"/> បញ្ចប់ការព្យាបាល Completed	<input type="checkbox"/> បរាជ័យ Failure	<input type="checkbox"/> ទ្លាប់ Died	<input type="checkbox"/> បាត់បង់បេក Lost-to-follow up	<input type="checkbox"/> មិនបាត់បង់បេក Not evaluated	<input type="checkbox"/> កំពុងព្យាបាល Ongoing	<input type="checkbox"/> ថ្ងៃខែឆ្នាំបញ្ចប់ការព្យាបាល Date of Complete Treatment
ប្រវត្តិជំងឺផ្សេងទៀត ដែលមានកន្តូមក (Other Past Medical History)								
ជំងឺទាក់ទងអ៊ីដ HIV related illness						ពេលវេលាចាប់ផ្តើមជំងឺ Date onset of illness		
						/ /		
						/ /		
						/ /		
						/ /		
ប្រវត្តិការព្យាបាលជំងឺផ្សេងទៀត ដែលមានកន្តូមក (Other Past Treatment History)								
បញ្ជាក់លម្អិតការព្យាបាលដោយគ្លីនិក Details of drug treatment				មន្ទីរពេទ្យ/គ្លីនិក Clinic/source	ថ្ងៃខែឆ្នាំចាប់ផ្តើម Start date	ថ្ងៃខែឆ្នាំបញ្ចប់ Stop date	មូលហេតុនៃការបញ្ចប់ Reason to stop	
បានទទួលឱសថ ARV កន្លងទៅ: <input type="radio"/> មិនបានទទួល (No) <input type="radio"/> បានទទួល ARV Pro. <input type="radio"/> បានទទួល ART					/ /	/ /		
					/ /	/ /		
					/ /	/ /		
					/ /	/ /		
ព្យាបាលបង្ការដោយ Cotrimox. កន្លងទៅ Previous cotrimoxazole prophylaxis				<input type="radio"/> មាន Yes	<input type="radio"/> គ្មាន No	<input type="radio"/> មិនដឹង Unknown	/ /	/ /
ព្យាបាលបង្ការដោយ Fluco. កន្លងទៅ Previous fluconazole prophylaxis				<input type="radio"/> មាន Yes	<input type="radio"/> គ្មាន No	<input type="radio"/> មិនដឹង Unknown	/ /	/ /
ប្រតិកម្មឱសថ (Drug Reaction)						<input type="radio"/> មាន	<input type="radio"/> គ្មាន	<input type="radio"/> មិនដឹង
ឈ្មោះឱសថ Drug		ប្រតិកម្ម Reaction		ឈ្មោះឱសថ Drug		ប្រតិកម្ម Reaction		
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន Signature of Register				ឈ្មោះ Name				

Last updated: April 17, 2017

* កុមារភេទស្រីត្រូវបំពេញផ្នែកជំងឺបេក

Annex 6.1: Form A1 – Children Updated Information Form (Front)

ទំព័រសំរាប់ធ្វើបច្ចុប្បន្នភាពព័ត៌មានរបស់កុមារ (Children Updated Information Form) ក១					
លេខកូដអ្នកជំងឺ Clinic ID number	P				
ឈ្មោះ Name	អាយុ * Age	ថ្ងៃខែឆ្នាំកំណើត Date of Birth	/	/
				<input type="radio"/> ប្រុស Male	<input type="radio"/> ស្រី Female

ថ្ងៃ ខែ ឆ្នាំ ធ្វើបច្ចុប្បន្នភាពព័ត៌មានរបស់កុមារ (Date of Update Information) / /						
អាសយដ្ឋានរបស់អាណាព្យាបាល: Address of Guardian :		<input type="checkbox"/> ម្តាយ Mother	<input type="checkbox"/> ឪពុក Father	<input type="checkbox"/> ទីដួន Grand Mother	<input type="checkbox"/> ទីតា Grand Father	<input type="checkbox"/> ទាក់ទង Relative
ក្រុមទី Group	ផ្លូវលេខ Street	ភូមិ Village	ឃុំ/សង្កាត់ Commune	ស្រុក/ខ័ណ្ឌ District	ខេត្ត/ក្រុង Province	
ឈ្មោះអ្នកទំនាក់ទំនង Name of contact person	អាសយដ្ឋាន: Address:		លេខទូរស័ព្ទ Phone number			
ស្ថានភាពកុមារ: Child status:	<input type="radio"/> ឪពុកម្តាយនៅរស់ Both Parents alive	<input type="radio"/> ម្តាយទោស Mother deceased	<input type="radio"/> ឪពុកទោស Father deceased	<input type="radio"/> ឪពុកម្តាយទាំងពីរទោស Both parents deceased	មុខរបរឪពុក: Father's occupation	
កម្រិតសិក្សារបស់កុមារ: Child Education	<input type="radio"/> គ្មាន None	<input type="radio"/> មត្តដ្ឋាន Kindergarten	<input type="radio"/> បឋមវិទ្យាល័យ Primary	<input type="radio"/> មធ្យមសិក្សា Secondary	មុខរបរម្តាយ: Mother's occupation	
ការគាំទ្រតាមផ្ទះ និង សហគមន៍ដែលកំពុងជួយកុមារ CBPCS/NGO who supported children		បញ្ជាក់ឈ្មោះ និងទីកន្លែងដែលបញ្ជូនមកពី: Details about the name and location of facility				
ការចាក់ថ្នាំបង្ការជំងឺកុមារ Vaccinations	<input type="radio"/> ប្រៀបចំរួម Completed all routine vaccinations	<input type="radio"/> មិនទាន់ប្រៀបចំរួម Vaccination on going	<input type="radio"/> មិនទាន់ប្រៀបចំរួម Missing	<input type="radio"/> គ្មាន None	<input type="radio"/> មិនដឹង Unknown	
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន Signature of Register			ឈ្មោះ Name			

ថ្ងៃ ខែ ឆ្នាំ ធ្វើបច្ចុប្បន្នភាពព័ត៌មានរបស់កុមារ (Date of Update Information) / /						
អាសយដ្ឋានរបស់អាណាព្យាបាល: Address of Guardian :		<input type="checkbox"/> ម្តាយ Mother	<input type="checkbox"/> ឪពុក Father	<input type="checkbox"/> ទីដួន Grand Mother	<input type="checkbox"/> ទីតា Grand Father	<input type="checkbox"/> ទាក់ទង Relative
ក្រុមទី Group	ផ្លូវលេខ Street	ភូមិ Village	ឃុំ/សង្កាត់ Commune	ស្រុក/ខ័ណ្ឌ District	ខេត្ត/ក្រុង Province	
ឈ្មោះអ្នកទំនាក់ទំនង Name of contact person	អាសយដ្ឋាន: Address:		លេខទូរស័ព្ទ Phone number			
ស្ថានភាពកុមារ: Child status:	<input type="radio"/> ឪពុកម្តាយនៅរស់ Both Parents alive	<input type="radio"/> ម្តាយទោស Mother deceased	<input type="radio"/> ឪពុកទោស Father deceased	<input type="radio"/> ឪពុកម្តាយទាំងពីរទោស Both parents deceased	មុខរបរឪពុក: Father's occupation	
កម្រិតសិក្សារបស់កុមារ: Child Education	<input type="radio"/> គ្មាន None	<input type="radio"/> មត្តដ្ឋាន Kindergarten	<input type="radio"/> បឋមវិទ្យាល័យ Primary	<input type="radio"/> មធ្យមសិក្សា Secondary	មុខរបរម្តាយ: Mother's occupation	
ការគាំទ្រតាមផ្ទះ និង សហគមន៍ដែលកំពុងជួយកុមារ CBPCS/NGO who supported children		បញ្ជាក់ឈ្មោះ និងទីកន្លែងដែលបញ្ជូនមកពី: Details about the name and location of facility				
ការចាក់ថ្នាំបង្ការជំងឺកុមារ Vaccinations	<input type="radio"/> ប្រៀបចំរួម Completed all routine vaccinations	<input type="radio"/> មិនទាន់ប្រៀបចំរួម Vaccination on going	<input type="radio"/> មិនទាន់ប្រៀបចំរួម Missing	<input type="radio"/> គ្មាន None	<input type="radio"/> មិនដឹង Unknown	
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន Signature of Register			ឈ្មោះ Name			

* កុមារអាចក្លាយជាជំងឺ ឬ ធ្លាក់ជាជំងឺ

Annex 6.2: Form A1 – Children Updated Information Form (back)

ថ្ងៃ ខែ ឆ្នាំ ធ្វើបច្ចុប្បន្នភាពព័ត៌មានរបស់កុមារ (Date of Update Information) / /						
អាសយដ្ឋានរបស់អាណាព្យាបាល:		<input type="checkbox"/> ម្តាយ	<input type="checkbox"/> ឪពុក	<input type="checkbox"/> ទីដួន	<input type="checkbox"/> ទីតា	<input type="checkbox"/> ជាតិព្រាតិ
Address of Guardian :		Mother	Father	Grand Mother	Grand Father	Relative
ក្រុម	ផ្លូវលេខ	ភូមិ	ឃុំ/សង្កាត់	ស្រុក/ខ័ណ្ឌ	ខេត្ត/ក្រុង	
Group	Street	Village	Commune	District	Province	
ឈ្មោះអ្នកទំនាក់ទំនង		អាសយដ្ឋាន:		លេខទូរស័ព្ទ		
Name of contact person		Address:		Phone number		
ស្ថានភាពកុមារ:		<input type="radio"/> ឪពុកម្តាយរស់រវើក	<input type="radio"/> ម្តាយស្លាប់	<input type="radio"/> ឪពុកស្លាប់	<input type="radio"/> ម្តាយឪពុកស្លាប់	
Child status:		Both Parents alive	Mother deceased	Father deceased	Both parents deceased	
កំរិតអប់រំរបស់កុមារ:		<input type="radio"/> គ្មាន	<input type="radio"/> មត្តេយ្យ	<input type="radio"/> បឋមសិក្សា	<input type="radio"/> មធ្យមសិក្សា	
Child Education		None	Kindergarden	Primary	Secondary	
កម្មរបស់ម្តាយ:					
Mother's occupation					
ការទំនាំតាមផ្ទះ និង សហគមន៍ដែលគាំទ្រដល់កុមារ		បញ្ជាក់ឈ្មោះ និងទីកន្លែងដែលបញ្ជូនមកពី:				
CBPCS/NGO who supported children		Details about the name and location of facility				
ការចាក់ថ្នាំបង្ការជំងឺកុមារ		<input type="radio"/> គ្រប់ចំនួន	<input type="radio"/> មិនទាន់គ្រប់ចំនួន	<input type="radio"/> មិនទាន់គ្រប់ចំនួន	<input type="radio"/> គ្មាន	<input type="radio"/> មិនដឹង
Vaccinations		Completed all routine vaccinations	Vaccination on going	Missing	None	Unknown
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន				ឈ្មោះ		
Signature of Register				Name		

ថ្ងៃ ខែ ឆ្នាំ ធ្វើបច្ចុប្បន្នភាពព័ត៌មានរបស់កុមារ (Date of Update Information) / /						
អាសយដ្ឋានរបស់អាណាព្យាបាល:		<input type="checkbox"/> ម្តាយ	<input type="checkbox"/> ឪពុក	<input type="checkbox"/> ទីដួន	<input type="checkbox"/> ទីតា	<input type="checkbox"/> ជាតិព្រាតិ
Address of Guardian :		Mother	Father	Grand Mother	Grand Father	Relative
ក្រុម	ផ្លូវលេខ	ភូមិ	ឃុំ/សង្កាត់	ស្រុក/ខ័ណ្ឌ	ខេត្ត/ក្រុង	
Group	Street	Village	Commune	District	Province	
ឈ្មោះអ្នកទំនាក់ទំនង		អាសយដ្ឋាន:		លេខទូរស័ព្ទ		
Name of contact person		Address:		Phone number		
ស្ថានភាពកុមារ:		<input type="radio"/> ឪពុកម្តាយរស់រវើក	<input type="radio"/> ម្តាយស្លាប់	<input type="radio"/> ឪពុកស្លាប់	<input type="radio"/> ម្តាយឪពុកស្លាប់	
Child status:		Both Parents alive	Mother deceased	Father deceased	Both parents deceased	
កំរិតអប់រំរបស់កុមារ:		<input type="radio"/> គ្មាន	<input type="radio"/> មត្តេយ្យ	<input type="radio"/> បឋមសិក្សា	<input type="radio"/> មធ្យមសិក្សា	
Child Education		None	Kindergarden	Primary	Secondary	
កម្មរបស់ម្តាយ:					
Mother's occupation					
ការទំនាំតាមផ្ទះ និង សហគមន៍ដែលគាំទ្រដល់កុមារ		បញ្ជាក់ឈ្មោះ និងទីកន្លែងដែលបញ្ជូនមកពី:				
CBPCS/NGO who supported children		Details about the name and location of facility				
ការចាក់ថ្នាំបង្ការជំងឺកុមារ		<input type="radio"/> គ្រប់ចំនួន	<input type="radio"/> មិនទាន់គ្រប់ចំនួន	<input type="radio"/> មិនទាន់គ្រប់ចំនួន	<input type="radio"/> គ្មាន	<input type="radio"/> មិនដឹង
Vaccinations		Completed all routine vaccinations	Vaccination on going	Missing	None	Unknown
ហត្ថលេខាអ្នកស្រង់ព័ត៌មាន				ឈ្មោះ		
Signature of Register				Name		

* កុមារអាចយកទៅបំពេញ ក្រៅពីការងារ

Annex 7.1: Form B – Children Patient Visit Form (front)

ទំព័រទី១ ទម្រង់ប្រើប្រាស់របស់អ្នកជំនាញ (Children Patient Visit Form)									
លេខកូដអ្នកជំនាញ Clinic ID number					លេខកូដ ART number				
ថ្ងៃខែឆ្នាំពិសិស្ស: / /201.... <input type="radio"/> មកពីមន្ទីរពេទ្យ <input type="radio"/> មកមន្ទីរពេទ្យកំណត់ <input type="radio"/> មកពីមន្ទីរពេទ្យតាមកំណត់ <input type="radio"/> មកពីមន្ទីរពិសិស្ស									
ឈ្មោះ Name					អាយុ Age				
កំដៅ (Temperature)		ដំបូល Pulse / mn		ចង្វាក់ដំបូល Resp rate/ mn		សំពាធជាម Blood pressure/cm		ទម្ងន់ Weight / kg	
កម្ពស់ Height / cm		BSA = m ²		ស្ថានភាពអាហារូបត្ថម្ភ Malnutrition status		<input type="radio"/> គ្មាន <input type="radio"/> មាន		ទំហំស្បែកកំណត់ W / H	
<input type="radio"/> -1 to -2 SD, <5 th percentile or <90% of median		<input type="radio"/> Moderate malnutrition Below -2 to -3 SD, or 70-79% of median		<input type="radio"/> Severe malnutrition Below -3 SD, or <70% of median (severe wasting)					
ប្រទេសបច្ចុប្បន្ន Current Medical History					ការពិនិត្យសុខភាពអារម្មណ៍សញ្ញាជំងឺ				
*បំពាក់ជាមួយមនុស្សចាស់ ឬកុមារដទៃទៀត ដែលមានជំងឺរាវជ្រាប * មិនអាចរស់នៅជាមួយក្មេងៗបាន (Contact with an adult or older child with smear-positive PTB)					<input type="radio"/> មាន <input type="radio"/> គ្មាន				
* មិនអាចរស់នៅជាមួយក្មេងៗបាន (Failure to thrive or weight loss)					<input type="radio"/> មាន <input type="radio"/> គ្មាន				
* ក្អកក្អាយ (Currently cough)					<input type="radio"/> មាន <input type="radio"/> គ្មាន				
* មានក្រ្រែងក្រហម (Currently fever)					<input type="radio"/> មាន <input type="radio"/> គ្មាន				
* មានឆ្មើតក្នុងកម្រិតធំ (Enlarged cervical lymph nodes)					<input type="radio"/> មាន <input type="radio"/> គ្មាន				
សំរាកពេទ្យបន្ទាប់ពីពេលពិនិត្យចុងក្រោយ? <input type="radio"/> ទេ <input type="radio"/> បាទ									
ការអនុវត្តវេជ្ជបញ្ជា Adherence Assessment									
រក្សាទុកបញ្ជា ១ខែក្រោយមក:		<input type="radio"/> ទេ <input type="radio"/> បាទ		ប្តូរថ្នាំប្រើប្រាស់:		<input type="radio"/> ទេ <input type="radio"/> បាទ		ប្តូរថ្នាំប្រើប្រាស់:	
ប្តូរថ្នាំប្រើប្រាស់:		<input type="radio"/> ទេ <input type="radio"/> បាទ		ប្តូរថ្នាំប្រើប្រាស់:		<input type="radio"/> ទេ <input type="radio"/> បាទ		ប្តូរថ្នាំប្រើប្រាស់:	
ការពិនិត្យសុខភាពរាងកាយ Physical Examination									
រៀបរាប់ Detail									
Normal Abnormal									
Head (Mouse, ears)		<input type="checkbox"/>		<input type="checkbox"/>					
Chest (lungs)		<input type="checkbox"/>		<input type="checkbox"/>					
Abdomen		<input type="checkbox"/>		<input type="checkbox"/>					
Skin		<input type="checkbox"/>		<input type="checkbox"/>					
Lymph nodes		<input type="checkbox"/>		<input type="checkbox"/>					
Neurologic system		<input type="checkbox"/>		<input type="checkbox"/>					
Other (Specify:		<input type="checkbox"/>		<input type="checkbox"/>					
ជំងឺស្រដៀងគ្នា HIV related illnesses (ចំណាត់ថ្នាក់ជំងឺ WHO Stage)									
ជំនាន់ជំងឺ ១ Stage 1									
គ្មានរោគសញ្ញា Asymptomatic					Persistent Generalised Lymphadenopathy (PGL)				
ជំនាន់ជំងឺ ២ Stage 2					ជំនាន់ជំងឺ ៣ Stage 3				
Hepatosplenomegaly					Unexplained moderate malnutrition (- 2 SD or Z score) not responding to standard therapy				
Papula Pruritic Eruptions (PPE)					រាករាមមួយរយៈពេលយូរជាង ១៤ ថ្ងៃ Unexplained persistent diarrhoea (> 14 days)				
Seborrheic dermatitis					ក្អកក្អាយប្រចាំថ្ងៃ Unexplained persistent fever (intermittent or constant and for longer than 1 month)				
Fungal nail infections					ផ្អែកមាត់ Oral candidiasis (outside neonatal period)				
Angular cheilitis					ផ្អែកមាត់ Oral hairy leukoplakia				
Lineal gingival erythema (LGE)					រាវជ្រាប Pulmonary Tuberculosis				
Molluscum contagiosum infection (extensive more than 5% of body area or disfiguring)					រាវជ្រាបដោយប្រព័ន្ធរាវជ្រាប Severe, recurrent presumed bacterial pneumonia				
Human wart virus infection (extensive facial or disfiguring)					Acute necrotizing ulcerative gingivitis / periodontitis or stomatitis				
Recurrent oral ulcerations (2 or more in 6 months)					Lymphoid Interstitial Pneumonitis (LIP)				
Parotid enlargement					Chronic HIV-associated lung disease (including bronchiectasis)				
Sepsis					Herpes zoster (severe or frequent persistent herpes zoster may have worse prognosis)				
Unexplained severe wasting or severe malnutrition or stunting not adequately responding to standard therapy					Unexplained anemia (< 8 mg/dL) and/or neutropenia (< 500/mm3) and/or thrombocytopenia (< 50,000/mm3) for > 1mo.				
Recurrent Respiratory Tract Infection(RTI) (otitis media, otorrhea, sinusitis twice or more in any 6 months period)					HIV encephalopathy				
Pneumocystis pneumonia (PCP)					Progressive multifocal leukoencephalopathy (PML)				
ជំនាន់ជំងឺ ៤ Stage 4					ជំនាន់ជំងឺ ៤ Stage 4				
Unexplained severe wasting or severe malnutrition or stunting not adequately responding to standard therapy					HIV encephalopathy				
Pneumocystis pneumonia (PCP)					Progressive multifocal leukoencephalopathy (PML)				

* ក្រុមការងារសុខាភិបាលកម្ពុជា

Annex 7.2: Form B – Children Patient Visit Form (back)

Recurrent severe and presumed bacterial infections (* 2 episodes/12 mos.) e.g. meningitis, empyema, pyomyelitis, bone or joint infection, bacteraemia Chronic herpes simplex virus infection (chronic orolabial or intraoral lesions of more than 1 month or visceral of any duration) Oesophageal candidiasis Extrapulmonary tuberculosis Kaposi's Sarcoma CMV retinitis and CMV infections of organ other than liver, spleen, lymph nodes CNS Toxoplasmosis (outside the neonatal period) Cryptococcal meningitis	Any disseminated mycosis (e.g. histoplasmosis, coccidiomycosis, penicilliosis) Candida of trachea, bronchi or lungs Disseminated mycobacterial disease other than TB Cryptosporidiosis or isosporiasis (with diarrhea > 1 mo) or isosporiasis Cerebral or B cell non-Hodgkin Lymphoma Acquired HIV-associated rectal fistula HIV-associated nephropathy									
ការវាយតម្លៃ និង ការព្យាបាល Assessment and Treatment										
ចំណាត់ថ្នាក់ជំងឺកាយ WHO ថ្មី ? <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 ករណីសមស្របប្រើ ART : <input type="radio"/> ប្រាកដ <input type="radio"/> មិនប្រាកដ (Eligible for ART) ករណីសង្ស័យប្រហែលជាការព្យាបាល (Suspected Treatment failure) <input type="checkbox"/> វិទ្យាសាស្ត្រ <input type="checkbox"/> ភារណាណូ <input type="checkbox"/> វេជ្ជសាស្ត្រគ្រិក Virological Immunological Clinical	ប្រសិនបើកំរហូរ : <input type="radio"/> ប្រព្រឹត្តិ (PTB) <input type="radio"/> វិទ្ធិមានប្រកា <input type="radio"/> អវិទ្ធិមានប្រកា/គ្រិក (If TB) : <input type="radio"/> ប្រព្រឹត្តិក្រៅស្បែក (EP-TB) (BK +) (BK - / Clinic) ការព្យាបាលជំងឺកាយ TB Treatment : <input type="radio"/> ចាប់ផ្តើម <input type="radio"/> ឈប់ <input type="radio"/> កំពុងព្យាបាល ថ្ងៃ ខែ ឆ្នាំ Start Stop Ongoing / / ឈ្មោះថ្នាំប្រើ : <input type="radio"/> លេងធម្មតា <input type="radio"/> លេងព្យាបាល <input type="radio"/> ដំកាលប្រើប្រាស់									
វេជ្ជបញ្ជាពិនិត្យរកមេរោគអេដស៍ (Prescribing Laboratory Test) CD4 <input type="radio"/> ប្រាកដ <input type="radio"/> មិនប្រាកដ Viral Load <input type="radio"/> ប្រាកដ <input type="radio"/> មិនប្រាកដ	បញ្ជូនទៅ : <input type="radio"/> PMTCT <input type="radio"/> TB <input type="radio"/> Inpatient <input type="radio"/> Other:.....									
ថ្នាំប្រើប្រាស់បច្ចុប្បន្ន អាណិត្យ ខែ Current medication: week/ month										
ថ្នាំ	ថ្ងៃ	សប្តាហ៍	ខែ	ពេលវេលាប្រើប្រាស់	ចាប់ផ្តើម	ឈប់	បន្ត	ថ្ងៃ ខែ ឆ្នាំ	មូលហេតុបញ្ឈប់ការប្រើប្រាស់ (កូដ)	កំណត់ចំណាំ
ARV drugs										
<input type="radio"/> ABC+3TC+LPV/r					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/> ABC+3TC+EFV					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/> TDF+3TC+EFV					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/> AZT+3TC+					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
OI drugs										
<input type="radio"/> Cotrimoxazole					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		01° 02° 03° *
<input type="radio"/> Fluconazole					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		01° 02° 03° *
<input type="radio"/> Isoniazid					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/> B6					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
TB drugs										
<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/ /		
លទ្ធផល/ វិធានការ Outcome / Actions										
<input type="radio"/> បាត់បង់ Lost	<input type="radio"/> ទិញបាន	<input type="checkbox"/> ទឹកខ្លាំង	<input type="checkbox"/> ទៅផ្ទះ	<input type="checkbox"/> ទៅមន្ទីរពេទ្យ	<input type="checkbox"/> ផ្សេងៗ.....	<input type="checkbox"/> ថ្ងៃ ខែ ឆ្នាំ: / / 201...	មូលហេតុនៃការស្លាប់ Cause of death			
<input type="radio"/> បញ្ចប់ការព្យាបាលដោយលទ្ធផលពេញលេញ អាណិត្យ ខែ						<input type="radio"/> ផ្តល់វេជ្ជបញ្ជាប្រើប្រាស់ថ្នាំប្រយោជន៍ ART ផ្សេងទៀត (ឈ្មោះ)				
ថ្ងៃណាត់ជួបប្រាប់បន្តប្រើប្រាស់ Next appointment: / /						ហត្ថលេខាគ្រូពេទ្យ ឈ្មោះ				

* 1° (Primary Prophylaxis), 2° (Secondary Prophylaxis), 3° (Treatment Only)

* ក្រុមការងារស្រាវជ្រាវសុខាភិបាលកម្ពុជា

Last Updated April 17, 2017

Annex 8.1: Weight-for-height (z score) table for boy aged 2 – 5 years

Weight-for-height BOYS 2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
65.0	-0.3521	7.4327	0.08217	5.9	6.3	6.9	7.4	8.1	8.8	9.6
65.5	-0.3521	7.5504	0.08214	6.0	6.4	7.0	7.6	8.2	8.9	9.8
66.0	-0.3521	7.6673	0.08212	6.1	6.5	7.1	7.7	8.3	9.1	9.9
66.5	-0.3521	7.7834	0.08212	6.1	6.6	7.2	7.8	8.5	9.2	10.1
67.0	-0.3521	7.8986	0.08213	6.2	6.7	7.3	7.9	8.6	9.4	10.2
67.5	-0.3521	8.0132	0.08214	6.3	6.8	7.4	8.0	8.7	9.5	10.4
68.0	-0.3521	8.1272	0.08217	6.4	6.9	7.5	8.1	8.8	9.6	10.5
68.5	-0.3521	8.2410	0.08221	6.5	7.0	7.6	8.2	9.0	9.8	10.7
69.0	-0.3521	8.3547	0.08226	6.6	7.1	7.7	8.4	9.1	9.9	10.8
69.5	-0.3521	8.4680	0.08231	6.7	7.2	7.8	8.5	9.2	10.0	11.0
70.0	-0.3521	8.5808	0.08237	6.8	7.3	7.9	8.6	9.3	10.2	11.1
70.5	-0.3521	8.6927	0.08243	6.9	7.4	8.0	8.7	9.5	10.3	11.3
71.0	-0.3521	8.8036	0.08250	6.9	7.5	8.1	8.8	9.6	10.4	11.4
71.5	-0.3521	8.9135	0.08257	7.0	7.6	8.2	8.9	9.7	10.6	11.6
72.0	-0.3521	9.0221	0.08264	7.1	7.7	8.3	9.0	9.8	10.7	11.7
72.5	-0.3521	9.1292	0.08272	7.2	7.8	8.4	9.1	9.9	10.8	11.8
73.0	-0.3521	9.2347	0.08278	7.3	7.9	8.5	9.2	10.0	11.0	12.0
73.5	-0.3521	9.3390	0.08285	7.4	7.9	8.6	9.3	10.2	11.1	12.1
74.0	-0.3521	9.4420	0.08292	7.4	8.0	8.7	9.4	10.3	11.2	12.2
74.5	-0.3521	9.5438	0.08298	7.5	8.1	8.8	9.5	10.4	11.3	12.4
75.0	-0.3521	9.6440	0.08303	7.6	8.2	8.9	9.6	10.5	11.4	12.5
75.5	-0.3521	9.7425	0.08308	7.7	8.3	9.0	9.7	10.6	11.6	12.6
76.0	-0.3521	9.8392	0.08312	7.7	8.4	9.1	9.8	10.7	11.7	12.8
76.5	-0.3521	9.9341	0.08315	7.8	8.5	9.2	9.9	10.8	11.8	12.9

WHO Child Growth Standards

Weight-for-height BOYS 2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
77.0	-0.3521	10.0274	0.08317	7.9	8.5	9.2	10.0	10.9	11.9	13.0
77.5	-0.3521	10.1194	0.08318	8.0	8.6	9.3	10.1	11.0	12.0	13.1
78.0	-0.3521	10.2105	0.08317	8.0	8.7	9.4	10.2	11.1	12.1	13.3
78.5	-0.3521	10.3012	0.08315	8.1	8.8	9.5	10.3	11.2	12.2	13.4
79.0	-0.3521	10.3923	0.08311	8.2	8.8	9.6	10.4	11.3	12.3	13.5
79.5	-0.3521	10.4845	0.08305	8.3	8.9	9.7	10.5	11.4	12.4	13.6
80.0	-0.3521	10.5781	0.08298	8.3	9.0	9.7	10.6	11.5	12.6	13.7
80.5	-0.3521	10.6737	0.08290	8.4	9.1	9.8	10.7	11.6	12.7	13.8
81.0	-0.3521	10.7718	0.08279	8.5	9.2	9.9	10.8	11.7	12.8	14.0
81.5	-0.3521	10.8728	0.08268	8.6	9.3	10.0	10.9	11.8	12.9	14.1
82.0	-0.3521	10.9772	0.08255	8.7	9.3	10.1	11.0	11.9	13.0	14.2
82.5	-0.3521	11.0851	0.08241	8.7	9.4	10.2	11.1	12.1	13.1	14.4
83.0	-0.3521	11.1966	0.08225	8.8	9.5	10.3	11.2	12.2	13.3	14.5
83.5	-0.3521	11.3114	0.08209	8.9	9.6	10.4	11.3	12.3	13.4	14.6
84.0	-0.3521	11.4290	0.08191	9.0	9.7	10.5	11.4	12.4	13.5	14.8
84.5	-0.3521	11.5490	0.08174	9.1	9.9	10.7	11.5	12.5	13.7	14.9
85.0	-0.3521	11.6707	0.08156	9.2	10.0	10.8	11.7	12.7	13.8	15.1
85.5	-0.3521	11.7937	0.08138	9.3	10.1	10.9	11.8	12.8	13.9	15.2
86.0	-0.3521	11.9173	0.08121	9.4	10.2	11.0	11.9	12.9	14.1	15.4
86.5	-0.3521	12.0411	0.08105	9.5	10.3	11.1	12.0	13.1	14.2	15.5
87.0	-0.3521	12.1645	0.08090	9.6	10.4	11.2	12.2	13.2	14.4	15.7
87.5	-0.3521	12.2871	0.08076	9.7	10.5	11.3	12.3	13.3	14.5	15.8
88.0	-0.3521	12.4089	0.08064	9.8	10.6	11.5	12.4	13.5	14.7	16.0
88.5	-0.3521	12.5298	0.08054	9.9	10.7	11.6	12.5	13.6	14.8	16.1

WHO Child Growth Standards

Weight-for-height BOYS
2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
89.0	-0.3521	12.6495	0.08045	10.0	10.8	11.7	12.6	13.7	14.9	16.3
89.5	-0.3521	12.7683	0.08038	10.1	10.9	11.8	12.8	13.9	15.1	16.4
90.0	-0.3521	12.8864	0.08032	10.2	11.0	11.9	12.9	14.0	15.2	16.6
90.5	-0.3521	13.0038	0.08028	10.3	11.1	12.0	13.0	14.1	15.3	16.7
91.0	-0.3521	13.1209	0.08025	10.4	11.2	12.1	13.1	14.2	15.5	16.9
91.5	-0.3521	13.2376	0.08024	10.5	11.3	12.2	13.2	14.4	15.6	17.0
92.0	-0.3521	13.3541	0.08025	10.6	11.4	12.3	13.4	14.5	15.8	17.2
92.5	-0.3521	13.4705	0.08027	10.7	11.5	12.4	13.5	14.6	15.9	17.3
93.0	-0.3521	13.5870	0.08031	10.8	11.6	12.6	13.6	14.7	16.0	17.5
93.5	-0.3521	13.7041	0.08036	10.9	11.7	12.7	13.7	14.9	16.2	17.6
94.0	-0.3521	13.8217	0.08043	11.0	11.8	12.8	13.8	15.0	16.3	17.8
94.5	-0.3521	13.9403	0.08051	11.1	11.9	12.9	13.9	15.1	16.5	17.9
95.0	-0.3521	14.0600	0.08060	11.1	12.0	13.0	14.1	15.3	16.6	18.1
95.5	-0.3521	14.1811	0.08071	11.2	12.1	13.1	14.2	15.4	16.7	18.3
96.0	-0.3521	14.3037	0.08083	11.3	12.2	13.2	14.3	15.5	16.9	18.4
96.5	-0.3521	14.4282	0.08097	11.4	12.3	13.3	14.4	15.7	17.0	18.6
97.0	-0.3521	14.5547	0.08112	11.5	12.4	13.4	14.6	15.8	17.2	18.8
97.5	-0.3521	14.6832	0.08129	11.6	12.5	13.6	14.7	15.9	17.4	18.9
98.0	-0.3521	14.8140	0.08146	11.7	12.6	13.7	14.8	16.1	17.5	19.1
98.5	-0.3521	14.9468	0.08165	11.8	12.8	13.8	14.9	16.2	17.7	19.3
99.0	-0.3521	15.0818	0.08185	11.9	12.9	13.9	15.1	16.4	17.9	19.5
99.5	-0.3521	15.2187	0.08206	12.0	13.0	14.0	15.2	16.5	18.0	19.7
100.0	-0.3521	15.3576	0.08229	12.1	13.1	14.2	15.4	16.7	18.2	19.9
100.5	-0.3521	15.4985	0.08252	12.2	13.2	14.3	15.5	16.9	18.4	20.1

WHO Child Growth Standards

Weight-for-height BOYS
2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
101.0	-0.3521	15.6412	0.08277	12.3	13.3	14.4	15.6	17.0	18.5	20.3
101.5	-0.3521	15.7857	0.08302	12.4	13.4	14.5	15.8	17.2	18.7	20.5
102.0	-0.3521	15.9320	0.08328	12.5	13.6	14.7	15.9	17.3	18.9	20.7
102.5	-0.3521	16.0801	0.08354	12.6	13.7	14.8	16.1	17.5	19.1	20.9
103.0	-0.3521	16.2298	0.08381	12.8	13.8	14.9	16.2	17.7	19.3	21.1
103.5	-0.3521	16.3812	0.08408	12.9	13.9	15.1	16.4	17.8	19.5	21.3
104.0	-0.3521	16.5342	0.08436	13.0	14.0	15.2	16.5	18.0	19.7	21.6
104.5	-0.3521	16.6889	0.08464	13.1	14.2	15.4	16.7	18.2	19.9	21.8
105.0	-0.3521	16.8454	0.08493	13.2	14.3	15.5	16.8	18.4	20.1	22.0
105.5	-0.3521	17.0036	0.08521	13.3	14.4	15.6	17.0	18.5	20.3	22.2
106.0	-0.3521	17.1637	0.08551	13.4	14.5	15.8	17.2	18.7	20.5	22.5
106.5	-0.3521	17.3256	0.08580	13.5	14.7	15.9	17.3	18.9	20.7	22.7
107.0	-0.3521	17.4894	0.08611	13.7	14.8	16.1	17.5	19.1	20.9	22.9
107.5	-0.3521	17.6550	0.08641	13.8	14.9	16.2	17.7	19.3	21.1	23.2
108.0	-0.3521	17.8226	0.08673	13.9	15.1	16.4	17.8	19.5	21.3	23.4
108.5	-0.3521	17.9924	0.08704	14.0	15.2	16.5	18.0	19.7	21.5	23.7
109.0	-0.3521	18.1645	0.08736	14.1	15.3	16.7	18.2	19.8	21.8	23.9
109.5	-0.3521	18.3390	0.08768	14.3	15.5	16.8	18.3	20.0	22.0	24.2
110.0	-0.3521	18.5158	0.08800	14.4	15.6	17.0	18.5	20.2	22.2	24.4
110.5	-0.3521	18.6948	0.08832	14.5	15.8	17.1	18.7	20.4	22.4	24.7
111.0	-0.3521	18.8759	0.08864	14.6	15.9	17.3	18.9	20.7	22.7	25.0
111.5	-0.3521	19.0590	0.08896	14.8	16.0	17.5	19.1	20.9	22.9	25.2
112.0	-0.3521	19.2439	0.08928	14.9	16.2	17.6	19.2	21.1	23.1	25.5
112.5	-0.3521	19.4304	0.08960	15.0	16.3	17.8	19.4	21.3	23.4	25.8

WHO Child Growth Standards

Weight-for-height BOYS
2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
113.0	-0.3521	19.6185	0.08991	15.2	16.5	18.0	19.6	21.5	23.6	26.0
113.5	-0.3521	19.8081	0.09022	15.3	16.6	18.1	19.8	21.7	23.9	26.3
114.0	-0.3521	19.9990	0.09054	15.4	16.8	18.3	20.0	21.9	24.1	26.6
114.5	-0.3521	20.1912	0.09085	15.6	16.9	18.5	20.2	22.1	24.4	26.9
115.0	-0.3521	20.3846	0.09116	15.7	17.1	18.6	20.4	22.4	24.6	27.2
115.5	-0.3521	20.5789	0.09147	15.8	17.2	18.8	20.6	22.6	24.9	27.5
116.0	-0.3521	20.7741	0.09177	16.0	17.4	19.0	20.8	22.8	25.1	27.8
116.5	-0.3521	20.9700	0.09208	16.1	17.5	19.2	21.0	23.0	25.4	28.0
117.0	-0.3521	21.1666	0.09239	16.2	17.7	19.3	21.2	23.3	25.6	28.3
117.5	-0.3521	21.3636	0.09270	16.4	17.9	19.5	21.4	23.5	25.9	28.6
118.0	-0.3521	21.5611	0.09300	16.5	18.0	19.7	21.6	23.7	26.1	28.9
118.5	-0.3521	21.7588	0.09331	16.7	18.2	19.9	21.8	23.9	26.4	29.2
119.0	-0.3521	21.9568	0.09362	16.8	18.3	20.0	22.0	24.1	26.6	29.5
119.5	-0.3521	22.1549	0.09393	16.9	18.5	20.2	22.2	24.4	26.9	29.8
120.0	-0.3521	22.3530	0.09424	17.1	18.6	20.4	22.4	24.6	27.2	30.1

WHO Child Growth Standards

Annex 8.2: Weight-for-height (z score) table for girl aged 2 – 5 years

Weight-for-height GIRLS 2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
65.0	-0.3833	7.2402	0.09113	5.6	6.1	6.6	7.2	7.9	8.7	9.7
65.5	-0.3833	7.3523	0.09109	5.7	6.2	6.7	7.4	8.1	8.9	9.8
66.0	-0.3833	7.4630	0.09104	5.8	6.3	6.8	7.5	8.2	9.0	10.0
66.5	-0.3833	7.5724	0.09099	5.8	6.4	6.9	7.6	8.3	9.1	10.1
67.0	-0.3833	7.6806	0.09094	5.9	6.4	7.0	7.7	8.4	9.3	10.2
67.5	-0.3833	7.7874	0.09088	6.0	6.5	7.1	7.8	8.5	9.4	10.4
68.0	-0.3833	7.8930	0.09083	6.1	6.6	7.2	7.9	8.7	9.5	10.5
68.5	-0.3833	7.9976	0.09077	6.2	6.7	7.3	8.0	8.8	9.7	10.7
69.0	-0.3833	8.1012	0.09071	6.3	6.8	7.4	8.1	8.9	9.8	10.8
69.5	-0.3833	8.2039	0.09065	6.3	6.9	7.5	8.2	9.0	9.9	10.9
70.0	-0.3833	8.3058	0.09059	6.4	7.0	7.6	8.3	9.1	10.0	11.1
70.5	-0.3833	8.4071	0.09053	6.5	7.1	7.7	8.4	9.2	10.1	11.2
71.0	-0.3833	8.5078	0.09047	6.6	7.1	7.8	8.5	9.3	10.3	11.3
71.5	-0.3833	8.6078	0.09041	6.7	7.2	7.9	8.6	9.4	10.4	11.5
72.0	-0.3833	8.7070	0.09035	6.7	7.3	8.0	8.7	9.5	10.5	11.6
72.5	-0.3833	8.8053	0.09028	6.8	7.4	8.1	8.8	9.7	10.6	11.7
73.0	-0.3833	8.9025	0.09022	6.9	7.5	8.1	8.9	9.8	10.7	11.8
73.5	-0.3833	8.9983	0.09016	7.0	7.6	8.2	9.0	9.9	10.8	12.0
74.0	-0.3833	9.0928	0.09009	7.0	7.6	8.3	9.1	10.0	11.0	12.1
74.5	-0.3833	9.1862	0.09003	7.1	7.7	8.4	9.2	10.1	11.1	12.2
75.0	-0.3833	9.2786	0.08996	7.2	7.8	8.5	9.3	10.2	11.2	12.3
75.5	-0.3833	9.3703	0.08989	7.2	7.9	8.6	9.4	10.3	11.3	12.5
76.0	-0.3833	9.4617	0.08983	7.3	8.0	8.7	9.5	10.4	11.4	12.6
76.5	-0.3833	9.5533	0.08976	7.4	8.0	8.7	9.6	10.5	11.5	12.7

WHO Child Growth Standards

Weight-for-height GIRLS 2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
77.0	-0.3833	9.6456	0.08969	7.5	8.1	8.8	9.6	10.6	11.6	12.8
77.5	-0.3833	9.7390	0.08963	7.5	8.2	8.9	9.7	10.7	11.7	12.9
78.0	-0.3833	9.8338	0.08956	7.6	8.3	9.0	9.8	10.8	11.8	13.1
78.5	-0.3833	9.9303	0.08950	7.7	8.4	9.1	9.9	10.9	12.0	13.2
79.0	-0.3833	10.0289	0.08943	7.8	8.4	9.2	10.0	11.0	12.1	13.3
79.5	-0.3833	10.1298	0.08937	7.8	8.5	9.3	10.1	11.1	12.2	13.4
80.0	-0.3833	10.2332	0.08932	7.9	8.6	9.4	10.2	11.2	12.3	13.6
80.5	-0.3833	10.3393	0.08926	8.0	8.7	9.5	10.3	11.3	12.4	13.7
81.0	-0.3833	10.4477	0.08921	8.1	8.8	9.6	10.4	11.4	12.6	13.9
81.5	-0.3833	10.5586	0.08916	8.2	8.9	9.7	10.6	11.6	12.7	14.0
82.0	-0.3833	10.6719	0.08912	8.3	9.0	9.8	10.7	11.7	12.8	14.1
82.5	-0.3833	10.7874	0.08908	8.4	9.1	9.9	10.8	11.8	13.0	14.3
83.0	-0.3833	10.9051	0.08905	8.5	9.2	10.0	10.9	11.9	13.1	14.5
83.5	-0.3833	11.0248	0.08902	8.5	9.3	10.1	11.0	12.1	13.3	14.6
84.0	-0.3833	11.1462	0.08899	8.6	9.4	10.2	11.1	12.2	13.4	14.8
84.5	-0.3833	11.2691	0.08897	8.7	9.5	10.3	11.3	12.3	13.5	14.9
85.0	-0.3833	11.3934	0.08896	8.8	9.6	10.4	11.4	12.5	13.7	15.1
85.5	-0.3833	11.5186	0.08895	8.9	9.7	10.6	11.5	12.6	13.8	15.3
86.0	-0.3833	11.6444	0.08895	9.0	9.8	10.7	11.6	12.7	14.0	15.4
86.5	-0.3833	11.7705	0.08895	9.1	9.9	10.8	11.8	12.9	14.2	15.6
87.0	-0.3833	11.8965	0.08896	9.2	10.0	10.9	11.9	13.0	14.3	15.8
87.5	-0.3833	12.0223	0.08897	9.3	10.1	11.0	12.0	13.2	14.5	15.9
88.0	-0.3833	12.1478	0.08899	9.4	10.2	11.1	12.1	13.3	14.6	16.1
88.5	-0.3833	12.2729	0.08901	9.5	10.3	11.2	12.3	13.4	14.8	16.3

WHO Child Growth Standards

Weight-for-height GIRLS
2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
89.0	-0.3833	12.3976	0.08904	9.6	10.4	11.4	12.4	13.6	14.9	16.4
89.5	-0.3833	12.5220	0.08907	9.7	10.5	11.5	12.5	13.7	15.1	16.6
90.0	-0.3833	12.6461	0.08911	9.8	10.6	11.6	12.6	13.8	15.2	16.8
90.5	-0.3833	12.7700	0.08915	9.9	10.7	11.7	12.8	14.0	15.4	16.9
91.0	-0.3833	12.8939	0.08920	10.0	10.9	11.8	12.9	14.1	15.5	17.1
91.5	-0.3833	13.0177	0.08925	10.1	11.0	11.9	13.0	14.3	15.7	17.3
92.0	-0.3833	13.1415	0.08931	10.2	11.1	12.0	13.1	14.4	15.8	17.4
92.5	-0.3833	13.2654	0.08937	10.3	11.2	12.1	13.3	14.5	16.0	17.6
93.0	-0.3833	13.3896	0.08944	10.4	11.3	12.3	13.4	14.7	16.1	17.8
93.5	-0.3833	13.5142	0.08951	10.5	11.4	12.4	13.5	14.8	16.3	17.9
94.0	-0.3833	13.6393	0.08959	10.6	11.5	12.5	13.6	14.9	16.4	18.1
94.5	-0.3833	13.7650	0.08967	10.7	11.6	12.6	13.8	15.1	16.6	18.3
95.0	-0.3833	13.8914	0.08975	10.8	11.7	12.7	13.9	15.2	16.7	18.5
95.5	-0.3833	14.0186	0.08984	10.8	11.8	12.8	14.0	15.4	16.9	18.6
96.0	-0.3833	14.1466	0.08994	10.9	11.9	12.9	14.1	15.5	17.0	18.8
96.5	-0.3833	14.2757	0.09004	11.0	12.0	13.1	14.3	15.6	17.2	19.0
97.0	-0.3833	14.4059	0.09015	11.1	12.1	13.2	14.4	15.8	17.4	19.2
97.5	-0.3833	14.5376	0.09026	11.2	12.2	13.3	14.5	15.9	17.5	19.3
98.0	-0.3833	14.6710	0.09037	11.3	12.3	13.4	14.7	16.1	17.7	19.5
98.5	-0.3833	14.8062	0.09049	11.4	12.4	13.5	14.8	16.2	17.9	19.7
99.0	-0.3833	14.9434	0.09062	11.5	12.5	13.7	14.9	16.4	18.0	19.9
99.5	-0.3833	15.0828	0.09075	11.6	12.7	13.8	15.1	16.5	18.2	20.1
100.0	-0.3833	15.2246	0.09088	11.7	12.8	13.9	15.2	16.7	18.4	20.3
100.5	-0.3833	15.3687	0.09102	11.9	12.9	14.1	15.4	16.9	18.6	20.5

WHO Child Growth Standards

Weight-for-height GIRLS
2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
101.0	-0.3833	15.5154	0.09116	12.0	13.0	14.2	15.5	17.0	18.7	20.7
101.5	-0.3833	15.6646	0.09131	12.1	13.1	14.3	15.7	17.2	18.9	20.9
102.0	-0.3833	15.8164	0.09146	12.2	13.3	14.5	15.8	17.4	19.1	21.1
102.5	-0.3833	15.9707	0.09161	12.3	13.4	14.6	16.0	17.5	19.3	21.4
103.0	-0.3833	16.1276	0.09177	12.4	13.5	14.7	16.1	17.7	19.5	21.6
103.5	-0.3833	16.2870	0.09193	12.5	13.6	14.9	16.3	17.9	19.7	21.8
104.0	-0.3833	16.4488	0.09209	12.6	13.8	15.0	16.4	18.1	19.9	22.0
104.5	-0.3833	16.6131	0.09226	12.8	13.9	15.2	16.6	18.2	20.1	22.3
105.0	-0.3833	16.7800	0.09243	12.9	14.0	15.3	16.8	18.4	20.3	22.5
105.5	-0.3833	16.9496	0.09261	13.0	14.2	15.5	16.9	18.6	20.5	22.7
106.0	-0.3833	17.1220	0.09278	13.1	14.3	15.6	17.1	18.8	20.8	23.0
106.5	-0.3833	17.2973	0.09296	13.3	14.5	15.8	17.3	19.0	21.0	23.2
107.0	-0.3833	17.4755	0.09315	13.4	14.6	15.9	17.5	19.2	21.2	23.5
107.5	-0.3833	17.6567	0.09333	13.5	14.7	16.1	17.7	19.4	21.4	23.7
108.0	-0.3833	17.8407	0.09352	13.7	14.9	16.3	17.8	19.6	21.7	24.0
108.5	-0.3833	18.0277	0.09371	13.8	15.0	16.4	18.0	19.8	21.9	24.3
109.0	-0.3833	18.2174	0.09390	13.9	15.2	16.6	18.2	20.0	22.1	24.5
109.5	-0.3833	18.4096	0.09409	14.1	15.4	16.8	18.4	20.3	22.4	24.8
110.0	-0.3833	18.6043	0.09428	14.2	15.5	17.0	18.6	20.5	22.6	25.1
110.5	-0.3833	18.8015	0.09448	14.4	15.7	17.1	18.8	20.7	22.9	25.4
111.0	-0.3833	19.0009	0.09467	14.5	15.8	17.3	19.0	20.9	23.1	25.7
111.5	-0.3833	19.2024	0.09487	14.7	16.0	17.5	19.2	21.2	23.4	26.0
112.0	-0.3833	19.4060	0.09507	14.8	16.2	17.7	19.4	21.4	23.6	26.2
112.5	-0.3833	19.6116	0.09527	15.0	16.3	17.9	19.6	21.6	23.9	26.5

WHO Child Growth Standards

Weight-for-height GIRLS
2 to 5 years (z-scores)



Height (cm)	L	M	S	Z-scores (weight in kg)						
				-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
113.0	-0.3833	19.8190	0.09546	15.1	16.5	18.0	19.8	21.8	24.2	26.8
113.5	-0.3833	20.0280	0.09566	15.3	16.7	18.2	20.0	22.1	24.4	27.1
114.0	-0.3833	20.2385	0.09586	15.4	16.8	18.4	20.2	22.3	24.7	27.4
114.5	-0.3833	20.4502	0.09606	15.6	17.0	18.6	20.5	22.6	25.0	27.8
115.0	-0.3833	20.6629	0.09626	15.7	17.2	18.8	20.7	22.8	25.2	28.1
115.5	-0.3833	20.8766	0.09646	15.9	17.3	19.0	20.9	23.0	25.5	28.4
116.0	-0.3833	21.0909	0.09666	16.0	17.5	19.2	21.1	23.3	25.8	28.7
116.5	-0.3833	21.3059	0.09686	16.2	17.7	19.4	21.3	23.5	26.1	29.0
117.0	-0.3833	21.5213	0.09707	16.3	17.8	19.6	21.5	23.8	26.3	29.3
117.5	-0.3833	21.7370	0.09727	16.5	18.0	19.8	21.7	24.0	26.6	29.6
118.0	-0.3833	21.9529	0.09747	16.6	18.2	19.9	22.0	24.2	26.9	29.9
118.5	-0.3833	22.1690	0.09767	16.8	18.4	20.1	22.2	24.5	27.2	30.3
119.0	-0.3833	22.3851	0.09788	16.9	18.5	20.3	22.4	24.7	27.4	30.6
119.5	-0.3833	22.6012	0.09808	17.1	18.7	20.5	22.6	25.0	27.7	30.9
120.0	-0.3833	22.8173	0.09828	17.3	18.9	20.7	22.8	25.2	28.0	31.2

WHO Child Growth Standards

Annex 9.1: VCCT form

ប័ណ្ណកត់ត្រាអតិថិជនមេតាមសេវាផ្តល់ប្រឹក្សា និងធ្វើតេស្តឈាមកេមេរោគអេដស៍

1. កាលបរិច្ឆេទ : ថ្ងៃ.....ខែ.....ឆ្នាំ ២០..... 2. លេខកូដមណូលផ្តល់ប្រឹក្សា និងធ្វើតេស្ត : 3. លេខកូដអតិថិជន :
 4. លេខកូដទីកន្លែងដែលបានបញ្ជូនមក : _ _ - _ _ - _ _ 5. លេខកូដអតិថិជនដែលបញ្ជូនមក : 6. លេខកូដ UIC :

ព័ត៌មានអតិថិជន : 7. ភេទ : 1. ប្រុស 2. ស្រី 8. ថ្ងៃខែឆ្នាំកំណើត : ____/____/____
 9. ស្ថានភាពអាពាហ៍ពិពាហ៍ : 1. នៅលើវា 2. រៀបការហើយ 3. ពោះម៉ាយ/មេម៉ាយ
 10. មុខរបរ :
 11. កម្រិតវប្បធម៌ : 1. មិនដែលរៀន 2. បឋមសិក្សា 3. អនុវិទ្យាល័យ 4. វិទ្យាល័យ 5. ក្រោយវិទ្យាល័យ
 12. ភាសាដើម : ភូមិ ឃុំ/សង្កាត់..... ស្រុក/ខណ្ឌ..... ខេត្ត/ក្រុង.....
 13. ប្រទេសកំណើត : 1. ប្រទេសកម្ពុជា 2. ប្រទេសផ្សេងៗ

14. មូលហេតុរកសេវា :
 1. មានរោគសញ្ញា 4. ដៃគូផ្ទុកមេរោគអេដស៍ 7. តេស្តទី១ប្រតិកម្ម
 2. មានការប្រឈមមុខ 5. ឪពុកម្តាយផ្ទុកមេរោគអេដស៍ 8. EID Antibody Test
 3. មានគោលបំណងរៀបការ 6. ដៃគូស្ត្រីមានផ្ទៃពោះ 9. មកធ្វើតេស្តមុនចាប់ផ្តើម ART

15. បញ្ជូនមកពី :
 1. មកដោយខ្លួនឯង 5. ផ្នែកជំងឺឆ្លង 9. ផ្នែកព្យាបាលចាត់ចែង 13. គ្លីនិកកាមរោគ
 2. សេវាពន្យារកំណើត 6. ផ្នែកជំងឺសម្រាកពេទ្យ 10. អង្គការ NGO 14. កម្មវិធីរបង
 3. ផ្នែកវះកាត់ 7. ផ្នែកព្យាបាលជំងឺកុមារ 11. ផ្នែកសម្ភព 15. សេវាពិនិត្យផ្ទៃពោះមុនពេលសម្រាល
 4. ផ្នែកពិគ្រោះជំងឺក្រៅ 8. ផ្នែកព្យាបាលជំងឺស្បែក 12. មណ្ឌលសុខភាព 16. សេវាវាងជន

16. ប្រភេទអតិថិជន :
 1. ស្ត្រីបម្រើសេវាកម្សាន្ត (EW) 2. បុរសស្រឡាញ់បុរស (MSM) 3. ក្រុមបំបែកភេទ (TG)
 4. អ្នកប្រើប្រាស់គ្រឿងញៀន (PWUD) 5. អ្នកចាក់គ្រឿងញៀន (PWID) 6. ប្រជាជនទូទៅ (GP)

17. ការវាយតម្លៃភាពប្រឈមមុខ :
 1. រួមភេទជាមួយដៃគូច្រើនដោយមិនប្រើស្រោមអនាម័យក្នុងអំឡុងពេល ៣ខែកន្លងទៅ បើមាន ថ្ងៃខែចុងក្រោយ...../...../.....
 2. ធ្លាប់មានជំងឺកាមរោគ 6. ធ្លាប់បញ្ចូលឈាមដោយមិនបានត្រួតពិនិត្យត្រឹមត្រូវ បើមាន ថ្ងៃខែចុងក្រោយ...../...../.....
 3. ដៃគូមានជំងឺកាមរោគច្រើន 7. ដៃគូធ្វើការងារពីផ្ទះ 10. ដៃគូផ្ទុកមេរោគអេដស៍ 12. ដៃគូមុនស្លាប់ដោយសារជំងឺអេដស៍
 4. មិនមានការប្រឈមមុខ 8. ក្រុមបំបែកភេទ (TG) 11. ចាក់គ្រឿងញៀន (PWID) 13. ឪពុកម្តាយផ្ទុកមេរោគអេដស៍
 5. ក្រោយការរំលោភផ្លូវភេទ 9. ធ្លាប់ប្រើម្ជុលរួមគ្នា ៦ ខែកន្លងទៅ

18. ប្រវត្តិធ្វើតេស្ត : មិនធ្លាប់ធ្វើតេស្ត <input type="checkbox"/> ធ្លាប់ធ្វើតេស្ត <input type="checkbox"/>		1. តេស្តទី១ប្រតិកម្ម <input type="checkbox"/> 2. មិនប្រតិកម្ម <input type="checkbox"/> 3. វិជ្ជមាន <input type="checkbox"/> 4. អវិជ្ជមាន <input type="checkbox"/> 5. មិនអាចកំណត់បាន <input type="checkbox"/> 6. ធ្វើតេស្តតែមិនបានមកទទួលទទួល <input type="checkbox"/>
19. ផ្តល់ការធ្វើតេស្ត : មិនយល់ព្រមធ្វើតេស្ត <input type="checkbox"/> យល់ព្រមធ្វើតេស្ត <input type="checkbox"/>		HIV : 1. វិជ្ជមាន <input type="checkbox"/> 2. អវិជ្ជមាន <input type="checkbox"/> 3. មិនអាចកំណត់បាន <input type="checkbox"/> Rapid Syphilis : 1. ប្រតិកម្ម <input type="checkbox"/> 2. អវិជ្ជមាន <input type="checkbox"/>
20. ការផ្តល់ប្រឹក្សាក្រោយពេលធ្វើតេស្ត : មិនបានផ្តល់ប្រឹក្សា <input type="checkbox"/> បានផ្តល់ប្រឹក្សា <input type="checkbox"/>		ថ្ងៃ..... ខែ..... ឆ្នាំ.....

21. បញ្ជូនទៅកាន់ :
 1. សេវា ART 2. គ្លីនិកកាមរោគ 3. ផ្នែកសម្ភព 4. កម្មវិធីរបង 5. ផ្នែកជំងឺឆ្លង
 6. មណ្ឌលសុខភាព/មជ្ឈមណ្ឌល 7. សេវាពិនិត្យផ្ទៃពោះមុនពេលសម្រាល
 ឈ្មោះអ្នកផ្តល់ប្រឹក្សា..... ហត្ថលេខា.....

Annex 10.1: B-IACM roles and responsibilities

Designation	Roles and Responsibilities
Provincial AIDS and STD Program (PASP) Manager	Responsible for overall functioning and oversight of B-IACM. In the Urban OD model, convenes the Group of Champions, directly supervises the CMC, and takes responsibility for B-IACM at provincial level. In the Rural OD model supervises the CMC and Group of Champions in each OD in the province. In Phnom Penh the PASP Manager coordinates the B-IACM work in the Phnom Penh ODs and is responsible for the RMAA
Group of Champions (GoC),	All activities in a geographic area are supervised by the GoC, which is a core group of immediately responsible people who manage and oversee B-IACM directly
Case Management Coordinator (CMC)	Primary responsibility is to manage the B-IACM and ensure that all the key players are working together. The CMC is a senior member of the OD/PHD team.
Case Management Assistant (CMA)	Primarily responsible for collecting and entering the B-IACM data in the system, and preparing the charts, graphs and reports. Under the streamlined system an existing government staff in the OD will be designated to this function
Case Management Provider (CMP)	Play the key roles of identifying and referring cases within the public health service system. CMP are usually government staff working at different levels in the health care system; but they may also be NGO staff working in NGO health facilities and programmes
Case Management Supporter (CMS)	Responsible for following up new cases where there is delay in new cases reaching different points in the system (e.g. accepting testing, going for confirmatory testing at VCCT, referral to Pre-ART/ART clinic, adherence, home-based care support, etc.). CMS are government or NGO/CBO staff working within B-COPCT, B-COC, B-LR, CBPCS projects
NGO/CBO Outreach Worker, PLHIV Peer Facilitator, and Community Service Volunteers (CVS)	Function as CMP when they identify and refer new cases and as CMS, when they follow-up new cases (both in B-COPCT and in B-COC/LR and CBPCS).
NGO staff	Supervise and coordinate the work of the CMS with other CMP, and work with the CMC and CMA to ensure that follow-up for 'loss' (lost cases) takes place. They are key members of the Group of Champions.
PLHIV Network	Provide additional support in working closely with pre-ART/ART clinics and OD CMC and CMA, and support the supervision and coordination of CVSs
RMAA at Provincial and National levels	At provincial level the Group of Champions functions as the Rapid Monitoring and Analysis for Action (RMAA) group. At national level the RMAA group convened by NCHADS and monitors the B-IACM system.