### Annex 4 Checklist for observation of essential service procedures

**Number of patient encounter:** | __ | __ | __ | __ | __ | __ | __ | __ |

**Name of local village:** county townships village group

**Time point:** | Baseline | Endpoint |

**P1: Asking history of previous treatment for the current illness**
- Yes: if the doctors asked his/her patient of anything of above question
- No: otherwise.

**P2: Checking body signs (e.g., swallow tonsils for RTIs or dehydration for GITs)**
- Yes: if the doctor checked his/her patient for any potential body signs, e.g., swallow tonsils, dehydration
- No: otherwise.

**P3: Measuring temperature**
- Yes: if doctor measured his/her patient’s body temperature
- No: otherwise.

**P4: Performing auscultation of the chest for RTIs or the abdomen for GTIs**
- Yes: if the doctor performed auscultation of his/her patient's chest or abdomen
- No: otherwise.

**P5: Telling diagnosis and disease trajectory**
- Yes: if the doctor told his/her patient anything about both the diagnosis and trajectory of the patient’s symptom
- No: otherwise.

**P6: Explaining potential causes of the illness**
- Yes: if the doctor explained anything about potential causes of the illness to his/her patient
- No: otherwise.

**P7: Discussing treatment alternatives**
- Yes: if the doctor discussed more than one treatment options with and asked any question about his/her patient’s opinions
- No: otherwise.

**P8: Educating drug intake if applicable**
- Yes: if the doctor had prescribed medicine(s) and told his/her patient anything about how to use the medicine(s)
- No: if the doctor had prescribed medicine(s) but did not tell his/her patient anything about how to use the medicine(s).
- Not applicable: if the doctor had not prescribe any medicine for his/her patient

**P9: Counseling symptoms relief**
- Yes: if the doctor taught his/her patient anything about how to manage the symptoms
- No: otherwise.

**P10: Counseling infection prevention**
☐ Yes: if the doctor taught his/her patient anything about how to prevent the same infection in the future both for himself/herself and his/her families
☐ No: otherwise.

Type of infection:
☐ RTIs
☐ GTIs

Signature of observer:

Date of observation: |__|__|__|__|__|__|__| (dd-mm-yyyy)