Check list for survey of registered ultra sonography clinics

Date and time of visit:

Name/s/designation of members of the team:

1.

2.

3.

Name of the clinic: _____

Address, Tel, E-mail (if available): _____
_____

Name of the clinic owner: _____

A. Information about USG clinic

S.N.	Things to be seen/checked	Observations
1	Is your clinic registered under PC-PNDT Act	Yes/No
1.1.	If yes: Date of registration (date - month - year)	
1.2.	Registration certificate number	
1.3.	Date of renewal	
1.4.	Was the renewal done within time (within date of expiry of original registration)	Yes/No
1.5.	Was renewal certificate obtained within 90 days of expiry of original registration	Yes/No
1.6.	Is the certificate of renewal of registration available	Yes/No/under process
2.	Category under which the clinic is registered (genetic counseling center, genetic laboratory, genetic counseling and testing center, ultra sonography center, combination if any -- specify)	
3.	How many ultra sound machines are there in your clinic	
3.1.	What is the brand (make) of machine/s	
3.2.	Are there any unused machine/s in your clinic	Yes/No
3.2.1.	If yes, what is their current status (mention in brief)	
3.3.	Have you purchased any new/additional machine after registration	Yes/No

S.N.	Things to be seen/checked	Observations
3.3.1.	If yes, has the AA (Appropriate Authority) been informed about this	Yes/No
3.3.2.	If yes, is there entry of new machine in the registration certificate	Yes/No
4	Do you have a portable USG machine	Yes/No
4.1.	If yes, is the vehicle/s in which portable machine/s is/are carried is/are registered	Yes/No
4.2.	Does the clinic has a separate registration certificate for portable machine	Yes/No
4.3.	How is the portable machine is used (In the vehicle, in the hospital, at patient's house, at another clinic/hospital, Any other, please specify)	
5.	Who is operating registered machine/s (name/s & qualification	
5.1.	Is the copy of the qualification certificate of the doctor operating the machine is exhibited on the wall at prominent place	Yes/No
5.2.	Is the copy of valid registration certificate of state medical council for the doctor/s operating machine/s is displayed on the wall at prominent place	Yes/No
5.2.	Is the doctor operating machine fulfills qualification as per PC-PNDT Act	Yes /NO
5.2.1.	If no, what are the gaps?	
5.3.	Whether same machine and name of operating doctor is reflected in the registration certificate	Yes /NO
5.3.1.	If no, what is the difference?	
6.	Does all information reflected in the registration certificate tallies with above information	Yes / NO
6.1.	If No, what is the difference	
7.	Does your clinic also provide MTP services	Yes/NO
7.1.	If yes, is the center registered under MTP Act	Yes/NO
7.1.1.	If yes, check registration certificate	Available/Not Available
8.	Is the center performing ultrasonography on:	
8.1.1.	Pregnant women only	Yes/No
8.1.2.	Pregnant and other women for various reasons	Yes/NO
8.1.3.	All clients including pregnant women	Yes/NO
8.1.4.	All clients excluding pregnant women	Yes/NO

B. Things to be observed at clinic

S.N.	Things to be observed	Observations
1.	PCPNDT Registration certificate displayed at a prominent place	Yes/No
2.	MTP Registration certificate displayed at a prominent place	Yes/No/Not applicable
3.	If not displayed at prominent place, where it is displayed	
4	Display of board stating – detection of the sex of the foetus is not done here and it is a legal offence. (In bold letters, in two languages- Local and English) at prominent place	Yes /NO
5.	Are there any direct/indirect evidences of display, communicating that sex selection facilities are available at this center	Yes/NO
5.1.	If yes, make a note of it (if possible, take photographs)	
6.	Copy of the PCPNDT Act is available at clinic	Yes/NO
7.	IEC material available if any in the clinic for the clients on sex selection: posters/pamphlets/reading material	Yes/NO
7.1.	If yes, specify briefly	

C. Review of records

1. Has the center submitted monthly reports to district AA on 5th of every month for last three months and acknowledgeme nt is available: Yes/No

2. Does the clinic maintain a separate ANC register for the clients coming for USG: Yes/No

2.1. If yes: does it contain name of the client, age, complete address, number of issues with their ages, name of the referring doctor, reasons for USG, duration of pregnancy:
Yes/No

2.2. If No, what are the missing gaps in the register:
_____
_____

2.3. Does record of ANC register and of Form F tally with each other ; Yes/No

2.4. If : “NO” what are major deviations:

D. Review of Form F (take out all form F for last three months of the current year for scrutiny)

1. Total Form "F" reviewed:
2. Is this number coincides with the report submitted for those months: Yes/No . If no give details:
3. Does this figure tallies with ANC register: Yes/No. If No give details:

E. Form "F" Major observations:

S.N.	Contents	Blank (No)	Incomplete information (No)	Written correctly (No)	Remarks
1	Patient's name and her age				
2	Number of children with sex of each child				
3	Husband's/fathers name				
4	Full postal address with telephone no, if any				
5	Referred by - full name and address of the doctor(s) or self referral				
6	Last menstrual period mentioned				
6.1.	weeks of pregnancy mentioned				
7	History of genetic/medical disease if any				
7.1.	Basis of above diagnosis - Clinical/Bio-chemical/Cytogenic/Other (radiological, ultrasonography, etc, specify) mentioned				
8	Indication for prenatal diagnosis mentioned				
8.1.	Indication for diagnosis is out of 23 indications mentioned in the Act				
9	Name and registration No. of gynecologist/radiologist/ certified RMP performing USG is mentioned				
9.1.	Does this name tallies with name on registration				

	certificate				
10	Name of the non- invasive procedure mentioned				
11	If invasive procedure carried out name of invasive procedure mentioned				
S.N.	**Contents**	**Blank (No)**	**Incomplete information (No)**	**Written correctly (No)**	**Remarks**
12	Results of prenatal diagnostic procedure/ultrasonography written				
13	Date/s on which the procedure carried out written correctly				
14	For each invasive procedure, correctly filled in consent form is available				
15	For non-invasive procedure correct declaration of pregnant woman is available				
16	Correctly filled in declaration form by the doctor conducting procedure is available				
17	Was there any mention of MTP adviced/conducted				
18	If yes, what were the reasons mentioned				
19	If MTP conducted in the same clinic date on which MTP conducted is mentioned				
20	Are MTP records maintained properly as per MTP registered Act				
21	Name/signature and Registration number of Gynecologist/Radiologist/Director of clinic is mentioned.				

Note: On the basis of observations with the help of this check list, monitoring team will prepare a note, which will be signed by AA or authorized signatory and will be sent to concerned center for corrective actions.

Note:
1. During supervisory visit, if the team finds pregnant women awaiting sonography test or who have just done sonography test, the team will interview such 2-4 women (a separate interview schedule is being prepared)
2. Out of the total forms, the team will randomly select 10% forms for home visits for reconfirmation, and to assess outcome of present pregnancy.

Checking of other hospital records:

Check the receipt book of the payments received from the clients (as majority of the clients want to claim expenses on their health and on investigations done, for which they demand receipts of payments made to a clinic) from last three months. From the office copy of the receipt book, find out how many receipts have been given for ultrasonography for last three months. From the names, counter check "Form F" of such clients. Note gaps/discrepancies observed. This could give excellent indirect evidence on contraventions of the Act.

F. Interview with 2-3 clients (if available at the time of visit) waiting for USG screening

Note: Such interviews will have to be conducted very carefully and tactfully, using all your communications and interpersonal communications skills. Ask general questions to the clients for her to open up, and then start interview. Do not explain purpose of the interview; try to collect all information in the interview schedule through informal talk. While conducting interview, do not simultaneously make entries in the form. Ask your colleague to note down responses. Conduct interview in most informal, casual and friendly manner, so that the client does not try to hide any information. Especially, if the client has previous girl child, keep a watch on body language and gestures of persons accompanying client, especially when husband or in-laws are accompanying with client. This could give interviewer some clues about the hidden purpose for USG. Do not abruptly conclude interview. Take this opportunity to communicate few important and related health messages to her. It may be possible that some clients may not speak any thing or share any thing with you in spite of your best possible approach and skills. Do not force such clients to give interview.

S.N.	Questions	Responses
1.	Name of the client	
2.	Detail Address	
3.	Husband's or father's name	
4.	* Name/s of accompanying persons and their relations with pregnant woman	
5.	Number of children	Male/s: with age/s:

		Female/s: with age/s:
6.	Date of LMP	
7.	No. Of weeks pregnant	
8.	Referred By: name and address of referring doctor	
9.	Have you come for the first time in this clinic for USG	Yes/No
9.1.	If No. when did you come previously for USG or did USG and how many times USG was done for this pregnancy	
10.	Reason for coming/referral	
11.	Did you go for USG during your last pregnancy	yes/No
11.1.	If yes - how many times	
11.2.	If yes -- what were the reason/s for doing USG	
12.	History of abortion/s in the past	
12.1.	If yes - who did it	
12.2.	If yes - when abortion/MTP was done (weeks of pregnancy)	
12.3.	What was/were the reason/s for abortion/MTP	
13	Are you aware if sex of the foetus during USG screening is communicated here?	Yes/No
13.1.	If yes who told you about this information	
14.	Are you aware that sex determination is a crime and is punishable under the Act	Yes/No
14.1.	If yes - from where did you got this information	
15.	Will you now ask the doctor to tell about sex of the foetus during your USG	Yes/No
15.1.	Why yes or no	
16.	If having previous girl child/s: ask, will you want only a male child this time	Yes/whatever
16.1.	If yes - why	

G. Interview with client/s (if available at the time of visit) who has/have just come out of the USG room after screening.

S.N.	Questions	Responses
1.	Name of the client	
2.	Detail Address	

3.	Husband's or father's name	
4.	* Name/s of accompanying persons and their relations with pregnant woman	
5.	Number of children	Male/s: with age/s:
		Female/s: with age/s:
6.	Date of LMP	
7.	No. Of weeks pregnant	
8.	Referred By: name and address of referring doctor	
9.	Have you come for the first time in this clinic for USG	Yes/No
9.1.	If No. when did you come previously for USG or did USG and how many times USG was done for this pregnancy	
10.	Reason/s for coming/referral	
11.	Did you go for USG during your last pregnancy	yes/No
11.1.	If yes - how many times	
11.2.	If yes -- what were the reason/s for doing USG	
12.	History of abortion/s in the past	
12.1.	If yes - who did it	
12.2.	If yes - when abortion/MTP was done (weeks of pregnancy)	
12.3.	What was/were the reason/s for abortion/MTP	
13.	Did the doctor or clinic staff ask you some questions and fill in some form before your USG screening (Form F)	Yes/No
14.	Did the doctor or clinic staff explain before screening that you are not interested to know sex of the foetus and asked you to sign a form	Yes/No
15.	During screening procedure, did you or persons accompanying with you ask the doctor about sex of the foetus	Yes/No
15.1.	If response to question No. 15 is yes -- Then what was the response of the doctor	
16.	Did the doctor communicate you sex of the foetus	Yes/No
16.1.	If response to question No. 16 is yes -- how did the doctor communicate	
17.	Did the doctor communicate you findings of USG screening	Yes/No
17. 1	If yes - what did the doctor communicate	

18.	Did the doctor advice you for MTP, if any	Yes/No
18.1.	If yes - name of the doctor	
18.2.	If response to question No. 18 is yes - will you go for MTP	Yes/No/will decide later
18.3.	If response to question No. 18.2 is yes - What are the reasons that you want to terminate this pregnancy	
19	Were you aware if sex of the foetus during USG screening is communicated in this clinic	Yes/No
19.1.	If yes who told you about this information	
20	Are you aware that sex determination is a crime and is punishable under the Act	Yes/No
20.1.	If yes - from where did you got this information	
21.	Even if it is a crime, will you still go for MTP	Yes/No/will decide later
22.	If having previous girl child/s: ask, will you want only a male child this time	Yes/whatever
23.	If yes - why	

H. Interview with client/s through home visits(10% of Form F randomly selected with priority on selection of forms of those clients who have come for ultrasonography and have 1-2 girls only):

Total Form "F" selected for home visit:

From the address Number of clients who could be traced:

No. of clients who could be interviewed:

S.N.	Questions	Responses	Match with entries in Form "F"
1.	Name of the client		Yes/No
2.	Detail Address		Yes/No
3.	Husband's or father's name		
4.	Number of children	Male/s: with age/s:	
		Female/s: with age/s:	
5.	Date of USG screening done (date mentioned in Form F)		xxx
6.	Date of home visit/interview		xxx
6.	Date of LMP		Yes/No
7.	No. Of weeks pregnant		Yes/No

8.	Outcome of pregnancy	continued/terminated	xxx
9.	If terminated - what was the reason		xxxx
9.1.	How many days after USG, pregnancy was terminated		xxxx
9.2.	Who performed MTP		xxxxx
10.	For recent USG, who referred you: name and address of referring doctor		Yes/No
11	Did you visit for the first time in this clinic for USG during this pregnancy	Yes/No	xxxx
11.1.	If No. when did you come previously for USG or did USG and how many times USG was done for this pregnancy		xxxxx
12.	Reason/s for referral for USG		Yes/No
13.	Did you go for USG during your last pregnancy (if applicable)	Yes/No	xxxxx
13.1.	If yes - how many times		
13.2.	If yes -- what were the reason/s for doing USG		
14.	History of abortion/s in the past		
14.1.	If yes - who did it		
14.2.	If yes - when previous abortion/MTP was done (weeks of pregnancy)		
14.3.	What was/were the reason/s for previous abortion/MTP		
15.	Did the doctor or clinic staff ask you some questions and fill in some form before your USG screening (Form F)	Yes/No	Yes/No
16.	Did the doctor or clinic staff explain before screening that you are not interested to know sex of the foetus and asked you to sign a form	Yes/No	Yes/No
17.	During screening procedure, did you or persons accompanying with you ask the doctor about sex of the foetus	Yes/No	
17.1.	If response to question No. 15 is yes -- Then what was the response of the doctor		
18.	Did the doctor communicate you sex of the foetus	Yes/No	
18.1.	If response to question No. 18 is yes -- how did the doctor communicate		
19.	Did the doctor communicate you findings of USG screening	Yes/No	Yes/No
19. 1	If yes - what did the doctor		Yes/No

	communicate		
20.	Did the doctor advice you for MTP	Yes/No	Yes/No
20.1.	If yes - name of the doctor		
19	Were you aware if sex of the foetus during USG screening is communicated in this clinic	Yes/No	
19.1.	If yes who told you about this information		
20	Are you aware that sex determination is a crime and is punishable under the Act	Yes/No	
20.1.	If yes - from where did you got this information		
21.	Even if it is a crime, will you still go for MTP	Yes/No/will decide later	
22.	If having previous girl child/s: ask, will you want only a male child this time	Yes/whatever	
23.	If yes - why		