



**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
CENTRAL BUREAU OF HEALTH INTELLIGENCE**

**Census of all the Healthcare Establishments (Government & Private)  
under National Health Resource Repository (NHRR) Project**

**SCHEDULE 5: Interview Schedule for Specialty Hospitals (Medical College/  
Single/ Multi/Super specialty Hospitals/Nursing Homes)**

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**An Appeal to the Owner of Healthcare establishments**

I, \_\_\_\_\_ from IQVIA. The IQVIA has been authorized by the Ministry of Health and Family Welfare in the Centre and the District Authority in the State to collect authentic data from each healthcare establishment under the Collection of Statistics Act, 2008.

The Ministry of Health and Family Welfare, Government of India has launched a nationwide census to gather information of hospitals, clinics/polyclinics, diagnostic labs, pharmacies and other healthcare establishments for both public and private sectors under National Health Resource Repository (NHRR) Project. All the Healthcare assets will be geo-tagged and hosted in the Bhuvan Server of Indian Space Research Organization (ISRO).

NHRR is a pioneering project that will help in generating real world evidence for public health planning, resource allocation, healthcare system strengthening, policy formulation, public private, etc. The NHRR Project will also help the citizen of India by providing basic details of Healthcare Establishments in their proximity. Both patients as well as healthcare establishments will be benefitted in future through this Project.

Under the Collection of Statistics Act, 2008, the following information will be solicited from the healthcare establishments;

- Basic Details like, Name & Address, Contact Details, Geo-coordinates, photographs, License/Registration number, Demographic location, Working hours, Electricity supply, Water supply & storage, Disposal of medical waste, Details of Medical and Para-medical personnel, etc.;
- Physical Infrastructure with respect to Land & Building, No of Beds, Quarters, Transportation and other miscellaneous items;
- Availability of Medical/Diagnostic and other Support Service. Status of medical devices & equipment for each department;
- Other miscellaneous information related to Quality Control, Technology, Certification and MRD, etc.

Ministry assures that the information collected would be used only for the aforesaid purpose and would not be shared with any government/private agency(s) and would be kept under safe custody. Therefore, Ministry requests you to kindly provide authenticated and accurate information pertaining to your healthcare establishment in the nation's interest.

## Particulars of Respondent

Title	Dr.	Mr.	Ms.
Name of Respondent			Designation
Mobile Number			Landline Number
OTP			

## Section 1: Basic Details of the Healthcare Establishment (HE)

1.1	HE No. as generated in 'Schedule 0'	<From Schedule 0>		
1.2	Name of HE	<From Schedule 0>		
1.3	Type of HE	<From Schedule 0>		
1.4	Year of establishment of HE	Year (YYYY.)		
1.5	Mention your National Identification Number (NIN) If available	NIN Number (.....) (optional)		
1.6	Mention GSTIN number of HE (If available)	-----		
1.7	Mention TAN number of HE (If available)	-----		
1.8	Is your HE registered under any of the following issuing authority? (Multiple Options)	<ol style="list-style-type: none"> <li>1. Local Bodies</li> <li>2. Shop &amp; Establishment act</li> <li>3. Nursing Home act</li> <li>4. Clinical Establishments Act</li> <li>5. Food &amp; Drug Authority(FDA)</li> <li>6. Drug &amp; Cosmetic Act</li> <li>7. Others</li> </ol>		
1.8.1	If Yes, in 1/2/3/4/5/6/7/ of 1.8 Mention registration no.	.....(Registration Number)		
1.9	Is your HE registered under ROHINI (Registry of Hospitals in Network of Insurance) network	Yes/No		
1.9.1	If yes , Mention ROHINI registration number (if available)	(.....) Number		
1.10	What is the number of Beds in your Hospital as on 31 <sup>st</sup> Dec 2017	------(Number)		
1.11	What is annual (Jan-Dec 2017) Bed Occupancy Rate (%) of your hospital	------(%) (Jan-Dec 2017)		
1.12	Type of cases	No. of Cases reported during Jan-Dec 2017		
		Total (to be filled Mandatory)	Male (optional)	Female (optional)
1.12.1	No. of OPD cases			
1.12.2	No. of IPD cases			
1.12.3	No. of Major Surgeries			

1.12.4	No. of Minor Surgeries			
1.13	Total Number of Operation Theatres (OT) in your Hospital	Total Number (-----)		

## Section 2: Physical Infrastructure of the Healthcare Establishment (HE)

2.1	What is the source of Water Supply in your Hospital? (Multiple Options)	a) Piped b) Hand Pump c) Well d) Bore well/Tube Well e) Water Harvesting f) Tanker g) None of the above		
2.2	Whether overhead water storage facility is available?			Yes/No
2.3	Whether Electricity connection is available at HE?			Yes/No
2.4	Which of the following alternate arrangement(s) available to ensure 24x7 electricity supply at HE? (Multiple Options)	a) Inverter b) Generator c) Solar Panel d) None of the above		
2.5	Whether bio-medical waste is segregated before disposal?			Yes/No
2.6	What are the mechanism used for waste disposal? (Multiple Options)	a) Deep Burial Pits b) Bio-Medical Waste Collection Agency (CBWTF) c) General Waste Collection Agency d) Incinerator e) Burn f) None of the above		
2.7	Whether centralized oxygen supply is available at HE?			Yes/No
2.8	Details of Ambulance(s)	Availability	Number of Ambulances	
2.8.1	Patient Transport Vehicle (Transport Vehicle with no life supporting aid)	Yes/No	_____	
2.8.2	Basic Life Support Ambulances (Ambulances with Oxygen Supply)	Yes/No	_____	
2.8.3	Advanced Life Support Ambulances (Ambulances with Defibrillators)	Yes/No	_____	
2.8.4	Two wheeler ambulance	Yes/No	_____	
2.8.5	Boat Ambulance	Yes/No	_____	
2.8.6	Air Ambulance	Yes/No	_____	
2.8.7	Train Ambulance	Yes/No	_____	
2.8.8	Dead body Van/ Shav-Vahan	Yes/No	_____	
2.9	Whether HE has barrier free access for differently abled & elderly?	Yes/No		
2.9.1	If Yes, whether provision for ramp with railing available?	Yes/No		

### Section 3: Quality Control

3.1	Whether Citizen Charter is displayed in HE?		Yes/no
3.2	Whether Rogi Kalyan Samiti has been constituted in HE? (To be only asked for Government HE)		Yes/no
3.3	Whether Suggestion /complaint box is available in HE?		Yes/no
3.4	Has the Hospital constituted a dedicated Hospital Infection Control committee		Yes/No
3.4.1	If yes, what is the frequency of meeting	a) Monthly b) Quarterly c) Half yearly d) Annually e) No meeting	
3.5	Whether Hospital has constituted a dedicated Quality Assurance committee		Yes/No
3.5.1	If yes, what is the frequency of meeting	a) Monthly b) Quarterly c) Half yearly d) Annually e) No meeting	
3.6	Whether HE has any of the following Quality Accreditation /Certification? <b>(Multiple Options)</b>	a) International Organization for Standardization (ISO) b) National Quality Assurance Standards (NQAS) c) National Accreditation Board for Hospitals & Healthcare Providers (NABH) d) Joint Commission International (JCI) e) None	

### Section 4: Technology & Other Services

4.1	Electronic/ Digital Facilities		
4.1.1	Whether HE has separate medical records department?		Yes/No
4.1.2	How does HE maintains medical records?	a) Manually b) Computer based c) Both d) No recording system exists	
4.1.3	Whether HE using <b>ICD-10</b> (The International Classification of Diseases, Tenth Revision, Clinical Modification coding) for maintaining patient record?		Yes/No
4.1.4	Whether HE using <b>ICF</b> (International Classification of Functioning, Disability and Health coding) for medical record keeping?		Yes/No
4.1.5	Whether HE has HMIS (Hospital Management Information System) in place?		Yes/No
4.1.6	Whether HE shares hospital related information with Centre/State/UT?		Yes/No
4.1.7	Whether HE notifies TB patients to Revised National TB Control Program (RNTCP) or Government? Only for Private Sector		Yes/No
4.1.7.1	If yes in 4.1.7 What is the mode of notification? /Only for Private Sector	a) Hard copy b) Email	

		c) TOLL FREE number d) Mobile App e) Online on NIKSHAY
4.1.8	Whether HE maintains Electronic Health Record (EHR) system?	Yes/No
4.2	Advanced Medical Technology	
4.2.1	Whether Tele Medicine services available at HE?	Yes/No
4.2.2	Whether Tele- Radiology services available at HE?	Yes/No
4.2.3	Whether Stem Cell therapy services available at HE?	Yes/No
4.2.4	Whether Robotic Surgery services available at HE?	Yes/No
4.2.4.1	If Yes, specify the area of robotic surgical specialty	a) General Surgery b) Obstetrics & Gynecology c) Orthopedics d) Pediatric Surgery e) ENT f) Ophthalmology g) Oncology h) Cardiothoracic and vascular surgery i) Urology j) Neurosurgery k) Plastic Surgery / Burn / Cosmetology l) Interventional Cardiology
4.2.5	Whether Gene therapy services available at HE?	Yes/No
4.2.6	Whether Radiological Information System(RIS) services available at HE	Yes/No
4.3	Insurance Services	
4.3.1	Whether HE empaneled under any Healthcare Insurance Scheme?	Yes/No
4.3.2	If Yes in 4.3.1, mention the type of Healthcare Insurance Scheme for which HE is empaneled ( <b>Multiple options</b> )	a) Central Government Health Scheme (CGHS) b) State Government Health Insurance Scheme c) Private Insurance d) Others
4.4	Whether HE has a Hospital Disaster Management Plan?	Yes/No
4.5	Whether HE has Pharmacy services	Yes/No
4.5.1	If yes 4.5, Please mention ownership Status	a) Owned b) Outsourced c) PPP
4.5.1.1	If (a) Owned in 4.5.1, Please mention Number	(Number )
4.5.1.1.1	Owned Pharmacy 1, Is this Pharmacy sells drugs to outside hospital patients	a) Yes <b>Link Pharmacy Form</b> b) No
4.5.1.2	If (b) Outsourced in 2.7.3, the Please mention Number	(Number)
4.5.1.2.1	Outsourced Pharmacy 1, Is this pharmacy sells drugs to outside hospital patients ?	a) Yes <b>Link Pharmacy Form</b> b) No

4.5.1.3	If (c) PPP in 2.7.3 then, please mention Number	(Number)
4.5.1.3.1	PPP Pharmacy 1, Is this pharmacy sells drugs to outside hospital patients?	a) Yes <b>Link Pharmacy Form</b> b) No
4.6	Whether HE has Blood Bank services	Yes/No
4.6.1	If Yes in 4.6, Is there a Blood Bank inside HealthCare Establishment?	Yes/No
4.6.2	If yes 4.6.1, Please mention ownership Status	a) Owned Number ( ) <b>Link Blood Bank</b> b) Outsourced Number ( ) <b>Link Blood Bank</b> c) PPP Number ( ) <b>Link Blood Bank</b>
4.7	Whether HE has Cath lab services (Cath Lab in 1.3 to Skip to 5.1)	Yes/No
4.7.1	If yes in 4.7, Is there a Cath Lab inside HE?	Yes/No
4.7.2	If yes in 4.7.1, Mention Ownership Status	a) Owned b) Outsourced c) PPP mode
4.7.3	If (b) or (c) in 4.7.2 , Name of the Unit	-----
4.8	Whether HE has Dialysis services (If Dialysis Centre in 1.3 to Skip to 5.1)	Yes/No
4.8.1	If yes in 4.8, Is there a Dialysis Centre inside HE?	Yes/No
4.8.2	If yes in 4.8.1, Mention Ownership Status	a) Owned b) Outsourced c) PPP mode
4.8.3	If (b) or (c) in 4.8.2 , Name of the Unit	-----

## Section 5: Department Availability

5.1	What are the types of Medicine system practiced at HE (Multiple Choice)	a) Allopathy medicine system b) AYUSH Medicine system
5.1.1	If AYUSH in 5.1, specify the services (Multiple Option)	a) Ayurveda b) Homeopathy c) Unani a) Siddha
5.1.2	If (a) Allopathy selected in 5.1 ,Specify availability of following services	<b>Yes / No</b>
<b>I. Medicine and Allied</b>		
5.1.2.1	General Medicine	
5.1.2.2	Pediatrics	
5.1.2.3	Neonatology	
5.1.2.4	Respiratory & TB/ Pulmonology	
5.1.2.5	Dermatology	
5.1.2.6	Cardiology	
5.1.2.7	Cath Lab (Linkage with cardiology)	
5.1.2.8	Interventional cardiology (Linkage with cardiology)	
5.1.2.9	Gastroenterology	
5.1.2.10	Nephrology	
5.1.2.11	Dialysis (Linkage with Nephrology)	

5.1.2.12	Psychiatry	
5.1.2.13	Geriatric care (link with medicine services)	
5.1.2.14	Rheumatology (link with medicine services)	
5.1.2.15	Endocrinology	
5.1.2.16	Neurology	
5.1.2.17	Anesthesiology & Pain Management	
5.1.2.18	Critical Care	
5.1.2.19	Oncology	
<b>II Surgery and allied</b>		
5.1.2.20	General Surgery	
5.1.2.21	Obstetrics & Gynecology	
5.1.2.22	Orthopedics	
5.1.2.23	Pediatric Surgery	
5.1.2.24	ENT	
5.1.2.25	Ophthalmology	
5.1.2.26	Cardiothoracic and vascular surgery	
5.1.2.27	Urology	
5.1.2.28	Neurosurgery	
5.1.2.29	Plastic Surgery / Burn / Cosmetology	
5.1.2.30	Medicolegal/ Forensic Medicine	
<b>II. Support Services</b>		
5.1.2.31	Physical Medicine & Rehabilitation (PMR)/ Physiotherapy	
5.1.2.32	Sports medicine (Linkage with PMR/Physiotherapy)	
5.1.2.33	Dental	
<b>III. Advanced Medical Services</b>		
5.1.2.34	Nuclear Medicine	
5.1.2.35	Genetics	
5.1.2.36	Aviation medicine	
<b>IV. Diagnostic Services</b>		
<b>5.1.2.37</b>	<b>Pathology Services</b>	
5.1.2.37.1	Microbiology	
5.1.2.37.2	Biochemistry	
5.1.2.37.3	Hematology	
5.1.2.37.4	Histopathology	
5.1.2.37.5	Serology	
5.1.2.37.6	Cytology	
<b>5.1.2.38</b>	<b>Radio Diagnostic Services</b>	
5.1.2.38.1	Radiology services	
5.1.2.38.2	Interventional Radiology	

## Section 6: Manpower Availability

6	Type of Manpower	Availability	Number of Manpower		
			Total	Full time	Part time
6.1	Medical Administration staff				
6.1.1	Medical Superintendent / Civil Surgeon	Yes/No			
6.1.2	Additional Medical Superintendent	Yes/No			
6.1.3	Resident Medical Officer	Yes/No			
6.1.4	Hospital Manager	Yes/No			
6.2	General Practitioner				
6.2.1	Doctor (MBBS)	Yes/No			
6.2.2	Doctor (AYUSH)	Yes/No			
6.2.3	Interns (MBBS)	Yes/No			
6.2.4	JR (Junior Resident)	Yes/No			
6.2.5	SR (Senior Resident)	Yes/No			
6.3	Specialist Doctors				
6.3.1	Physician (General Medicines)	Yes/No			
6.3.2	Emergency Medicine Physician	Yes/No			
6.3.3	Family Physician (Family Medicine)	Yes/No			
6.3.4	General Surgeon	Yes/No			
6.3.5	Obstetrician and Gynecologist	Yes/No			
6.3.6	Pediatrician	Yes/No			
6.3.7	Maternal and Child Health Specialist	Yes/No			
6.3.8	Ophthalmologist	Yes/No			
6.3.9	Otolaryngologist (ENT Surgeon)	Yes/No			
6.3.10	Orthopedic Surgeon	Yes/No			
6.3.11	Psychiatrist	Yes/No			
6.3.12	Dermatologist/Leprosy/ Skin/Venerology	Yes/No			
6.3.13	Chest Physician (Respiratory and Tuberculosis)	Yes/No			
6.3.14	Pathologist	Yes/No			
6.3.15	Physical Medicine & Rehabilitation Specialist	Yes/No			
6.3.16	Occupational Health Specialist	Yes/No			
6.3.17	Radiation Oncology Specialist	Yes/No			
6.3.18	Community Medicine / Preventive Specialist	Yes/No			
6.3.19	Anesthesiologist	Yes/No			
6.3.20	Geriatric Medicine Specialist	Yes/No			
6.3.21	Nuclear Medicine Specialist	Yes/No			
6.3.22	Immuno-hematology and Transfusion medicine Specialist	Yes/No			
6.3.23	Microbiologist	Yes/No			
6.3.24	Clinical Biochemistry Specialist	Yes/No			



6.3.25	Forensic Medicine/Toxicology Specialist	Yes/No			
6.4	Medicine Super-Specialist Doctors				
6.4.1	Cardiologist	Yes/No			
6.4.2	Pulmonary Medicine Specialist	Yes/No			
6.4.3	Endocrinologist	Yes/No			
6.4.4	Diabetologist	Yes/No			
6.4.5	Gastroenterologist	Yes/No			
6.4.6	Hematologist	Yes/No			
6.4.7	Nephrologist	Yes/No			
6.4.8	Neurologist	Yes/No			
6.4.9	Medical Oncology specialist	Yes/No			
6.4.10	Neonatologist	Yes/No			
6.4.11	Neuro-radiologist	Yes/No			
6.4.12	Rheumatologist	Yes/No			
6.5	Surgical Super-Specialist Doctors				
6.5.1	Cardiothoracic & Vascular Surgeon	Yes/No			
6.5.2	Gastrointestinal Surgeon	Yes/No			
6.5.3	Neurosurgeon	Yes/No			
6.5.4	Surgical oncologist	Yes/No			
6.5.5	Pediatric surgeon	Yes/No			
6.5.6	Cosmetologist/Plastic Surgeon	Yes/No			
6.5.7	Urologist	Yes/No			
6.5.8	Hepato Pancreato Biliary Surgeon				
6.6	Qualified Paramedical staff				
6.6.1	Staff Nurse	Yes/No			
6.6.2	Pharmacists	Yes/No			
6.6.3	Laboratory Technician	Yes/No			
6.6.4	Radiographer/Radiographic Technician	Yes/No			
6.6.5	Radio Therapy Technician (Oncology)	Yes/No			
6.6.6	Cardiac Technician	Yes/No			
6.6.7	Neuro Technician	Yes/No			
6.6.8	Optometry Technician	Yes/No			
6.6.9	Cardio Pulmonary Per fusionist	Yes/No			
6.6.10	Operation Theatre Technician	Yes/No			
6.6.11	Endoscopy Technician	Yes/No			
6.6.12	Emergency Medical Services Technician	Yes/No			
6.6.13	Occupational Therapy Technician	Yes/No			
6.6.14	Audio and Speech Therapy Technician	Yes/No			
6.6.15	Radiological Assistant	Yes/No			
6.6.16	Cardio vascular Technician	Yes/No			
6.6.17	Laboratory Assistant	Yes/No			
6.6.18	Anesthesia Technician	Yes/No			
6.6.19	Vascular Surgery Technician	Yes/No			
6.6.20	Dialysis Technician	Yes/No			
6.6.21	ECG Technician	Yes/No			

6.6.22	Ophthalmic Assistant	Yes/No		
6.6.23	Physiotherapist	Yes/No		
6.6.24	Blood Bank technician	Yes/No		
6.6.25	Counsellor	Yes/No		
6.6.26	Medical Record technician / Medical Record Officer	Yes/No		

6.7	Dental Staff (If yes in 5.1.2.35)			
6.7.1	Dentist (BDS)	Yes/No		
6.7.2	Intern Dentist	Yes/No		
6.7.3	Junior Resident (Dentist)	Yes/No		
6.7.4	Senior Resident (Dentist)	Yes/No		
6.8	Dental Specialist (If yes in 5.1.2.35)			
6.8.1	Periodontology Specialist	Yes/No		
6.8.2	Prosthodontics Specialist	Yes/No		
6.8.3	Oral and Maxillofacial Surgery Specialist	Yes/No		
6.8.4	Oral Medicine and Radiology Specialist	Yes/No		
6.8.5	Oral Pathology Specialist	Yes/No		
6.8.6	Orthodontics Specialist	Yes/No		
6.8.7	Paedodontics Specialist	Yes/No		
6.8.8	Public Health/ Community Dentistry Specialist	Yes/No		
6.8.9	Endodontics Specialist	Yes/No		
6.9	Dental Paramedical Staff (If yes in 5.1.2.35)			
6.91	Dental Hygienist	Yes/No		
6.9.2	Dental Technician	Yes/No		

## Section 7: Services & Equipment

### 7.1 GENERAL MEDICINE

7.1 A	General Medicine	Total
1	No of Beds as on 31 <sup>st</sup> Dec 2017	
2	No. of OPD cases (Jan –Dec 2017)	
3	No. of IPD cases (Jan-Dec 2017)	
4.	No. of presumptive TB patients (Jan –Dec 2017) (only for private )	

7.1 B	General Medicine services	Yes / No
1.	General OPD Services	
2.	Diabetic Clinic /unit	
3.	Epilepsy clinic/Unit	
4.	Hypertension clinic /unit	

5.	Geriatric Clinic/Unit	
6.	ART Clinic/Unit	
7.	Thyroid clinic /Unit	
8.	Fever Clinic /Unit	
9.	Obesity clinic /Unit	
10.	Rheumatology Clinic /Unit	
11.	Post exposure prophylactics	
12.	Counselling Services	
13.	Whether HE having TB Diagnosis Services	Yes/No
13.1	If Yes in 13, Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
13.2	If Yes in 13, Which tests are used for diagnosis of pulmonary TB (Multiple Options)	<ul style="list-style-type: none"> <li>a) Microscopy</li> <li>b) X-Ray</li> <li>c) Gene Xpert</li> <li>d) Culture</li> <li>e) PCR</li> <li>f) TST</li> <li>g) IGRA</li> <li>h) CT</li> <li>i) MRI</li> <li>j) TB IG-g, IG-M Test</li> </ul>
13.3	If Yes in 13, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	<ul style="list-style-type: none"> <li>a) Microscopy</li> <li>b) GeneXpert</li> <li>c) Histopathology</li> <li>d) Cytology</li> <li>e) Radiology</li> <li>f) Culture</li> <li>g) PCR</li> <li>h) TST</li> <li>i) IGRA</li> <li>j) TB IG-g, IG-M Test</li> </ul>
13.4	If No in 13, Where are presumptive TB patients referred for diagnosis?	<ul style="list-style-type: none"> <li>a) Public health facility</li> <li>b) Private health facility</li> </ul>
14.	Whether HE having TB Treatment Services	Yes/no
14.1	If Yes in 14 Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)
14.2	If Yes in 14, Which anti-TB drugs are used?	RNTCP supplied / Private market
14.3	If Yes in 14, How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
14.4	If No in 14, Reason for referral of TB patients (Multiple Options)	<ul style="list-style-type: none"> <li>a) For treatment of T.B</li> <li>b) For treatment of drug resistant TB only</li> <li>c) For management of adverse</li> </ul>

		drug reactions d) For assessment and consultation for non-improving cases
14.5	If No in 14 Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
14.6	If No in 14, Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
14.7	If No in 14, Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
14.8	If No in 14, Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.1 C	General Medicine Equipment	Availability (Yes/No)	Number		
			Total	Functional	Non-functional
1.	Patient monitoring systems/ Vital sign Monitor				
2.	Bronchoscope				
3.	Endoscope				
4.	Defibrillator				
5.	Mechanical ventilator				
6.	Positive Airway Pressure (CPAP and BiPAP)				
7.	ECG Machine				
8.	ABG Machine				
9.	Echo machine				
10.	Ventilator				
11.	DVT pumps				
12.	Laryngoscope				
13.	Infusion pumps				
14.	Ultrasonic nebulizer				
15.	Ultrasound machine				
16.	Bone densitometer				
17.	Body fat analyser				
18.	Biothesiometer				
19.	Doppler				

<b>7.1 D</b>	<b>National Health Programs</b>	
<b>1.</b>	<b>Integrated Disease Surveillance Programme</b>	<b>Yes/no</b>
1.1	Whether data related to disease surveillance is reported to District/State authority?	
1.2	Whether weekly report of P Form (Presumptive Cases) and L Form (Laboratory confirmed cases) is submitted to District Surveillance Unit?	
<b>2.</b>	<b>National AIDS control Program (NACP)</b>	<b>Yes/no</b>
2.1	Whether Reproductive Tract Infection (RTI)/ Sexually Transmitted Infection (STI) Clinic is organized?	
2.2	Whether counselling services related to Prevention of Parent-To-Child Transmission (PPTCT) provided?	
2.3	Whether Blood storage center is available?	
2.4	Whether HE acts as Link ART Centre?	
2.5	Whether HE provide end of life care to AIDS patients?	
<b>3.</b>	<b>National Vector Born Disease Control Programme (NVBDCP)</b>	<b>Yes/no</b>
3.1	Whether services of microscopy/Rapid Diagnostic Tests for Malaria are available?	
3.2	Whether Treatment facilities for routine and complicated cases of following disease available (Multiple Choice)	
3.2.1	Malaria	
3.2.2	Filaria	
3.2.3	Dengue	
3.2.4	Japanese Encephalitis	
3.2.5	Kala-azar	
3.3	Whether HE act as referral center for the complicated cases from the lower facilities?	
<b>4.</b>	<b>National Iodine Deficiency Disorders Control Programme (NIDDCP)</b>	
4.1	Whether salt testing activity for presence of Iodine conducted?	
4.2	Whether treatment for Iodine deficiency disorders available?	
<b>5.</b>	<b>National Programme for Healthcare of Elderly (NPHCE)</b>	
5.1	Whether medical rehabilitation services provided?	
5.2	Whether rehabilitation worker visits to the Homes of disabled/bed ridden persons?	
5.3	Whether geriatric clinic is organized at HE?	

## 7.2. PAEDIATRICS

<b>7.2 A</b>	<b>Pediatrics</b>	<b>Total</b>
1.	No of Beds as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan –Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

<b>7.2 B</b>	<b>Availability of Pediatric Services</b>	<b>Yes/No</b>
1.	General OPD services	
2.	Well Baby Clinic	

3.	Immunization clinic	
4.	Adolescent clinic	
5.	NICU /SNCU	
6.	Pediatric Cardiology	
7.	Pediatric Nephrology	
8.	Pediatric Neurology	
9.	Counseling Services.	
10.	Neonatology Services ( SNCU)	
10.1	Level I: Basic neonatal care	
10.2	Level II (a/b): Specialty neonatal care	
10.3	Level III (a/b): Subspecialty neonatal intensive care	
11.	<b>TB Diagnosis and treatment Services</b>	
11.1	Whether HE having TB Diagnosis Services	Yes/No
11.1.1	If Yes in 11.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
11.1.2	If Yes in 11.1, Which tests are used for diagnosis of pulmonary TB (Multiple Options)	a) Microscopy b) X-Ray c) Gene Xpert d) Culture e) PCR f) TST g) IGRA h) CT i) MRI j) TB IG-g, IG-M Test
11.1.3	If Yes in 11.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
11.1.4	If No in 11.1 Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
11.2	<b>Whether HE having TB Treatment Services</b>	Yes/no
11.2.1	If Yes in 11.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)

11.2.3	If Yes in 11.2, Which anti-TB drugs are used?	RNTCP supplied / Private market
11.2.4	If Yes in 11.2, How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
11.2.5	If No in 11.2 ,Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
11.2.6	If No in 11.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
11.2.7	If No in 11.2, Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
11.2.8	If No in 11.2, Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
11.2.9	If No in 11.2, Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.2 C	Pediatric Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non functional
<b>1</b>	<b>Neonatal corner Equipment</b>				
1.1	Radiant Warmer				
1.2	Phototherapy Machine				
1.3	Baby Incubator				
1.4	Resuscitation kit				
1.5	Nebulizer Baby				
1.6	Ambu Bag (Pediatric size) with Baby mask				
<b>2</b>	<b>Pediatric ICU Equipment</b>				
2.1	ICP Monitoring Equipment				
2.2	Doppler Ultrasound				
2.3	Endotracheal tube				
<b>3</b>	<b>Neo-natal ICU Equipment</b>				
3.1	Mechanical neonatal Ventilator				
3.2	Fetal Doppler				

3.3	Cardiac monitor baby				
3.4	CPAP/BPAP Machine				

### 7.3 Neonatology

7.3 A	Neonatology	Total
1	No of Beds as on 31 <sup>st</sup> Dec 2017	
2	No. of OPD cases (Jan –Dec 2017)	
3	No. of IPD cases (Jan-Dec 2017)	

7.3 B	Availability Neonatology services	Yes/No
1.	General OPD services	

### 7.4 RESPIRATORY & TB/PULMONOLOGY:

7.4 A	Respiratory & TB/Pulmonology	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan- Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

7.4 B	Respiratory & TB/Pulmonology	Availability (Yes/ No)
1.	General OPD services	
2.	T.B Clinics	
3.	COPD CLINIC	
4.	Asthma clinic	
5.	TB Diagnosis & Treatment Services	
5.1	Whether HE having TB Diagnosis Services	Yes/No



5.1.1	If Yes in 5.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
5.1.2	If Yes in 5.1 which tests are used for diagnosis of pulmonary TB (Multiple Options)	a) Microscopy b) X-Ray c) Gene Xpert d) Culture e) PCR f) TST g) IGRA h) CT i) MRI j) TB IG-g, IG-M Test
5.1.3	If Yes in 5.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
5.1.4	If No in 5.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
5.2	Whether HE having TB Treatment Services	Yes/no
5.2.1	If Yes in 5.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (....._
5.2.2	If Yes in 5.2 Which anti-TB drugs are used?	RNTCP supplied / Private market
5.2.3	If Yes in 5.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
5.2.4	If No in 5.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
5.2.5	If No in 5.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility

5.2.6	If No in 5.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
5.2.7	If No in 5.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
5.2.8	If No in 5.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.4 C	Respiratory & TB/Pulmonology Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1.	X-ray				
2.	Bronchoscope				
3.	Tuberculin testing (RNTCP)				
4.	Pulmonary function testing machine				

7.4 D	National Health Programmes	Yes/ No
<b>1</b>	<b>Revised National Tuberculosis Control Programme (RNTCP)</b>	
1.1	Whether Directly Observed Therapy Short Course (DOTS) center available?	
1.2	Whether HE has microscopy center?	
1.3	Whether HE provides treatment of MDR TB and manage complications of TB requiring intensive care?	
1.4	Whether HE provides treatment of TB and HIV co-infection?	
<b>2</b>	<b>National Tobacco Control Programme (NTCP)</b>	
2.1	Whether tobacco cessation Clinic with counsellor available?	

### 7.5 DERMATOLOGY

7.5 A	Dermatology	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

7.5 B	Availability of Dermatology Services	Availability (Yes/ No)
-------	--------------------------------------	------------------------

1.	General OPD services	
2.	Psoriasis clinic	
3.	STD clinic	
4.	Allergy clinic	
5.	Leprosy Clinic	
6.	Cosmetic dermatology	
7.	Counselling Services	
8.	TB Diagnosis & Treatment Services	
8.1	Whether HE having TB Diagnosis Services	Yes/No
8.1.1	If Yes in 8.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
8.1.2	If Yes in 8.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
8.1.3	If No in 8.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
8.2	Whether HE having TB Treatment Services	Yes/no
8.2.1	If Yes in 8.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (....._
8.2.2	If Yes in 8.2 Which anti-TB drugs are used?	RNTCP supplied / Private market
8.2.3	If Yes in 8.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
8.2.4	If No in 8.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
8.2.5	If No in 8.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
8.2.6	If No in 8.2	a) Public health facility

	Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	b) Private health facility
8.2.7	If No in 8.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
8.2.8	If No in 8.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.5 C	Dermatology Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non functional
1.	Electrosurgical Accessories				
2.	UV lamps				
3.	Dermatoscope				
4.	Derma abrasion equipment				
5.	Multipurpose laser platform				
6.	Derma pen				
7.	Cryotherapy				
8.	Phototherapy chamber				

7.5 D	National Health Programmes	Yes/ No
	<b>National Leprosy Eradication Programme (NLEP)</b>	
1.	Whether services of diagnosis and treatment of Leprosy cases available?	
2.	Whether self-care training services are provided to Leprosy cases?	
3.	Whether HE has provision for Reconstructive surgeries?	
4.	Whether HE has provision for Rehabilitative Services?	
5.	Whether HE has provision for Inpatient and intensive care treatment of complications of Leprosy?	

## 7.6 CARDIOLOGY

7.6 A	Cardiology	Total
1.	No of Beds as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan –Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

<b>7.6 B</b>	<b>Availability of Cardiology services</b>	<b>Yes/No</b>
<b>1.</b>	<b>Cardiology services</b>	
1.1	General OPD services	
1.2	Arrhythmias clinic	
1.3	Pulmonary Arterial Hypertension (PAH) clinic	
1.4	Cardiovascular electrophysiology	
1.5	Radio frequency ablation	
1.6	Structural heart disease intervention (PTMC, AVBD) facility	
1.7	Peripheral venous and arterial intervention	
1.8	CIED Implantation facility	
1.9	Echocardiography	
1.10	Stress test facility	
1.11	Cardio pulmonary exercise testing facility	
1.12	24Hrs ECG monitoring facility	
<b>2.</b>	<b>Interventional cardiology</b>	
2.1	Coronary Angiography	
2.2	Coronary Angioplasty	
2.3	Artherectomy	
2.4	Right and Left Heart Catheterization	
2.5	Peripheral Vessel Angioplasty	
2.6	Balloon Valvuloplasty	
2.7	Pacemaker Implantation	
2.8	Intra-aortic balloon pump (IABP)	
2.9	Percutaneous Transluminal Valvuloplasty	
2.10	Radiofrequency Ablation	
<b>3.</b>	<b>Coronary Care Unit (CCU)</b>	
3.1	Cardiogenic shock management/MI	
3.2	Defibrillation	
3.3	Mechanical ventilation	
3.4	Pulmonary artery catheters	
3.5	Intra-aortic Balloon Pump (IABP)	
3.6	Post- operative care	
<b>4.</b>	<b>TB Diagnosis and Treatment Services</b>	
4.1	Whether HE having TB Diagnosis Services	Yes/No
4.1.1	If Yes in 4.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
4.1.2	If Yes in 4.1, Which tests are used for diagnosis of extra pulmonary TB	a) Microscopy b) GeneXpert c) Histopathology

	(Multiple Options)	d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
4.1.3	If No in 4.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
4.2	Whether HE having TB Treatment Services	Yes/no
4.2.1	If Yes in 4.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (....._
4.2.2	If Yes in 4.2 Which anti-TB drugs are used?	RNTCP supplied / Private market
4.2.3	If Yes in 4.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
4.2.4	If No in 4.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
4.2.5	If No in 4.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
4.2.6	If No in 4.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
4.2.7	If No in 4.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
4.2.8	If No in 4.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.6 C	Cardiology Equipments	Number			
		Availability (Yes/ No)	Total	Functional	Non-functional
1.	Ambulatory blood pressure unit &				

	monitor				
2.	ECHO 4D				
3.	ECHO 2D				
4.	Cath lab				
5.	Portable ECHO				
6.	CPET				
7.	Conventional cardio vascular electro physiography system				
8.	Digital anaesthesia workstation				
9.	Automated CPR machine				
10.	Metabolic profile analyser				
11.	ECHO TMT				
12.	Digital holter				
13.	Cardiac Monitors				
14.	Defibrillators				
15.	Stress test system				
16.	Mechanical Ventilator				
17.	CT Coronary Angiography/ Cath Lab				
18.	Heart lung machine(CTVS)				

<b>7.6 D</b>	<b>Cardiac Diagnostic Investigations</b>	<b>Yes/ No</b>
1	ECG	
2	Stress tests/TMT	
3	ECHO, color Doppler	
4	Holter Monitoring	
5	Cardiac Markers	
6	Diagnostic Electrophysiological studies	
7	Diagnostic Cath Angiography	

<b>7.6 E</b>	<b>National Health Programmes</b>	<b>Yes/ No</b>
<b>1.</b>	<b>National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)</b>	
1.1	<b>Cancer Control</b>	
1.1.1	Whether screening services for Cervical, Breast & Oral Cancers available?	
1.1.2	Whether PAP smear test for cervical Cancer is available?	
1.1.3	Whether Radiotherapy services available?	
1.1.4	Whether Laboratory investigations for cancer diagnosis (including biopsy microbiological, tumor markers, mammography etc.) available?	
1.1.5	Whether surgical interventions and chemotherapy for treatment of cancers available?	
<b>2.1</b>	<b>Diabetes, Hypertension, Cardiovascular disease (CVD) and</b>	

7.6 E	National Health Programmes	Yes/ No
	<b>Strokes</b>	
2.1.1	Whether Treatment of Complicated cases for Diabetes Mellitus, Hypertension, Ischaemic Heart Disease (IHD), Congestive Heart Failure (CHF) etc. is provided?	
2.1.2	Whether HE has provision for management of stroke and MI through intensive care unit?	

### 7.7 GASTROENTEROLOGY

7.7 A	GASTROENTEROLOGY	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	No. of presumptive TB patients (Jan-Dec 2017)(Only for private)	

7.7 B	Availability of Gastroenterology services	Availability (Yes/ No)
1.	General OPD services	
2.	Gall bladder related conditions & surgeries	
3.	Liver related conditions & surgeries	
4.	Pancreas related conditions & surgeries	
5.	Spleen related conditions & surgeries	
6.	Laparoscopic surgeries of abdomen and pelvis	
7.	Stomach and intestines conditions & surgeries	
8.	Diagnostic endoscopy	
9.	Liver transplant	
10.	Upper GI endoscopy,	
11.	Lower GI endoscopy,	
12.	Sigmoidoscopy,	
13.	Barium Enema,	
14.	ERCP,	
15.	Liver Biopsy	
16	<b>TB Diagnosis and Treatment Services</b>	
16.1	Whether HE having TB Diagnosis Services	Yes/No
16.1.1	If Yes in 16.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
16.1.2	If Yes in 16.1, Which tests are used for diagnosis of extra pulmonary TB	a) Microscopy b) GeneXpert c) Histopathology



	(Multiple Options)	d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
16.1.3	If No in 16.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
16.2	Whether HE having TB Treatment Services	Yes/no
16.2.1	If Yes in 16.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (....._
16.2.2	If Yes in 16.2 Which anti-TB drugs are used?	RNTCP supplied / Private market
16.2.3	If Yes in 16.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
16.2.4	If No in 16.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
16.2.5	If No in 16.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
16.2.6	If No in 16.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
16.2.7	If No in 16.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
16.2.8	If No in 16.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.7 C	Gastroenterology Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1	Endoscope Fibre Optic				

2	Laparoscope operating major				
3	Laparoscope Diagnostic				
4	Sigmoid scope				
5	ERCP				

### 7.8 NEPHROLOGY

7.8 A	Nephrology	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Dialysis done (Jan-Dec 2017)	
5.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

7.8 B	Availability of Nephrology Services	Availability (Yes/ No)
1.	Dialysis CLINIC	
2.	Transplant services	
3.	Home based dialysis services (ambulatory)	
4.	<b>TB Diagnosis and Treatment Services</b>	
4.1	Whether HE having TB Diagnosis Services	Yes/No
4.1.1	If Yes in 4.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
4.1.2	If Yes in 4.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
4.1.3	If No in 4.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
4.2	Whether HE having TB Treatment Services	Yes/no
4.2.1	If Yes in 4.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (....._
4.2.2	If Yes in 4.2 Which anti-TB drugs are used?	a) RNTCP supplied b) Private market
4.2.3	If Yes in 4.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)

4.2.4	If No in 4.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
4.2.5	If No in 4.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
4.2.6	If No in 4.2, Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
4.2.7	If No in 4.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
4.2.8	If No in 4.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.8 C	Nephrology/Dialysis Unit Equipment(ADD)	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1.	Haemodialysis Machine				
2.	Peritoneal dialysis machine				
3.	Renal surgical set (transplant services)				

### 7.9 PSYCHIATRY

7.9 A	Psychiatry	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases	
3.	No. of IPD cases	
4.	No. of total Surgeries	

7.9 B	Availability of Psychiatry Services	Availability (Yes/ No)
1.	General OPD services	
2.	Child Guidance clinic	
3.	Psycho sexual Clinic	

4.	Deaddiction Clinic	
5.	Clinical Psychology services	
6.	Counselling Services	

7.9 C	Psychiatry Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non functional
1	ECT machine				
2	EMG Biofeedback machine				
3	Drug estimation Chromatography				
4	VTMS Machine				

7.9 D	National Health Program	Yes/ No
	<b>National Mental Health Program (NMHP)</b>	
1.	Whether screening treatment and referral of mental illness cases available for following?	
a)	Anxiety	
b)	Depression	
c)	Psychosis	
d)	Schizophrenia	

### 7.10 ENDOCRINOLOGY

7.10 A	Endocrinology	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.10 B	Availability of Endocrinology Services	Availability (Yes/ No)
1.	General OPD Services	
2.	Diabetes clinic	
3.	Thyroid clinic	

7.10 C	Endocrinology Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1	Bone densitometer				
2	Body fat analyzer				
3	Biothesiometer				
4	Doppler				

### 7.11 NEUROLOGY

7.11 A	NEUROLOGY	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

7.11 B	Availability of Neurology services	Availability (Yes/No)
1.	Epilepsy CLINIC	
2.	Movement Disorder clinic	
3.	Sleep Disorders CLINIC	
4.	Sleep Lab	
5.	Stroke unit	
6.	Paediatric Neurology	
7.	Interventional Neurology	
8.	Epilepsy monitoring Unit	
9.	Deep brain Stimulation Injury	
10.	Neurology ICU	
11.	Brain Bank	
12.	Neuroradiology	
13.	TB Diagnosis and Treatment Services	
13.1	Whether HE having TB Diagnosis Services	Yes/No
13.1.1	If Yes in 13.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
13.1.2	If Yes in 13.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	<ul style="list-style-type: none"> <li>a) Microscopy</li> <li>b) GeneXpert</li> <li>c) Histopathology</li> <li>d) Cytology</li> <li>e) Radiology</li> <li>f) Culture</li> <li>g) PCR</li> <li>h) TST</li> <li>i) IGRA</li> <li>j) TB IG-g, IG-M Test</li> </ul>
13.1.3	If No in 13.1, Where are presumptive TB patients referred for diagnosis?	<ul style="list-style-type: none"> <li>a) Public health facility</li> <li>b) Private health facility</li> </ul>
13.2	Whether HE having TB Treatment Services	Yes/no
13.2.1	If Yes in 13.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)
13.2.2	If Yes in 13.2, Which anti-TB drugs are used?	<ul style="list-style-type: none"> <li>a) RNTCP supplied</li> <li>b) Private market</li> </ul>

13.2.3	If Yes in 13.2, How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months)	Number of Months (.....)
13.2.4	If No in 13.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
13.2.5	If No in 13.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
13.2.6	If No in 13.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
13.2.7	If No in 13.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
13.2.8	If No in 13.2 Where do you refer TB patients for assessment and consultation non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.11 C	Neurological Equipment(ADD)	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1.	Trinocular Microscopes with video Monitoring				
2.	Laser Doppler Blood Flow Monitor				
3.	Traumatic Brain Injury (TBI) Impactor				
4.	EEG Recording System				
5.	Electromyogram (EMG)				
6.	Evoked potential system				
7.	Video EEG machine				
8.	Bed side CT Machine				
9.	Plasma exchange machine				
10.	DSA lab				
11.	MRI				
12.	PET/DAT scan				

### 7.12 ANAESTHESIOLOGY AND PAIN MANAGEMENT

7.12 A	Anaesthesiology and Pain Management Services	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.12 B	Availability of Anaesthesiology and Pain Management Services	Availability (Yes/ No)
1.	Pain Management Unit/ Clinic	
2.	Post Anesthesia recovery unit (PACU)	

7.12 C	Anaesthesiology and Pain Management Equipment's	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1	Fluoroscopy / C Arm				
2	Radio frequency generator				
3	Fluoroscopy Table				
4	Ozone generator				
5	Portable infusion devices				

### 7.13 CRITICAL CARE SERVICES

7.13 A	Critical Care Services	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD services (Dec-Jan 2017)	
3.	No. of IPD services (Dec-Jan 2017)	
4.	Total surgeries (Dec-Jan 2017)	

7.13 B	Critical Care Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1.	Multi Para monitor				
2.	Ventilator				
3.	Haemodialysis				
4.	CRRT machine				
5.	ECMO machine				
6.	Molecular Adsorbents Recirculation				

	System (MARS) machine				
7.	Flexible Fibre optic Bronchoscopy				
8.	Resuscitation emergency cart				
9.	Tracheostomy kit				
10.	Defibrillator				

### 7.14 GENERAL SURGERY

7.14 A	General Surgery	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	No. of presumptive TB patients (Jan-Dec 2017) (only for private)	

7.14 B	General Surgery Services	Availability Yes/No
1.	Gastrointestinal Surgery	
2.	Genitourinary tract Surgery	
3.	Surgical Emergency	
4.	Trauma Surgeries	
5.	Onco-Surgery	
6.	Pediatric Surgeries	
7.	Neuro- surgeries	
8.	Nephrology/Urology Surgeries	
9.	Surgical gastroenterology	
10.	Vascular surgery	
11.	Laposcopic surgeries	
12.	<b>TB Diagnosis and Treatment Services</b>	
12.1	Whether HE having TB Diagnosis Services	Yes/No
12.1.1	If Yes in 12.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
12.1.2	If Yes in 12.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
12.1.3	If No in 12.1,	a) Public health facility



	Where are presumptive TB patients referred for diagnosis?	b) Private health facility
12.2	Whether HE having TB Treatment Services	Yes/no
12.2.1	If Yes in 12.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)
12.2.2	If Yes in 12.2 Which anti-TB drugs are used?	a) RNTCP supplied b) Private market
12.2.3	If Yes in 12.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
12.2.4	If No in 12.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
12.2.5	If No in 12.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
12.2.6	If No in 12.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
12.2.7	If No in 12.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
12.2.8	If No in 12.2 Where do you refer TB patients for assessment and consultation for improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.14 C	Equipment	Available Yes / No	Number		
			Total	Functional	Non-functional
1.	Boyle's Apparatus				
2.	Ultrasonic Cutting and Coagulation Device				
3.	Diathermy Machine				
4.	Multi Para Monitor				
5.	Infusion Pump				
6.	Cardiac Monitor with defibrillator				
7.	Ventilator				
8.	DVT Pressure Pump				

9.	Automated biological liquid aspirator and insufflators				
10.	Color Doppler				
11.	Resuscitation emergency cart				
12.	Endoscope				
13.	Bronchoscope				
14.	Laryngoscope				
15.	Colonoscope				
16.	Proctoscope				
17.	Esophagoscope				
18.	Cystoscope				

### 7.15 OBSTETRICS AND GYNAECOLOGY

7.15 A	Obstetrics and Gynecology	Total
1.	No. of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No of total deliveries conducted (Jan-Dec 2017)	
5.	No of total C-section conducted (Jan-Dec 2017)	
6.	No. of total Medical Termination of Pregnancy (MTP) done (Jan-Dec 2017)	
7.	No. of total Intra Uterine Contraceptive Devices (IUCD) inserted (Jan-Dec 2017)	
8.	No. of total Female Sterilization (Tubectomy) done (Jan-Dec 2017)	
9.	No. of total Male Sterilization (Vasectomy) done (Jan-Dec 2017)	
10.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

7.15 B	Availability of Obstetrics and Gynecology Services	Yes/ No
1.	Obstetrics OPD services	
2.	Gynae OPD services	
3.	Infertility services	
4.	Well women clinic	
5.	Prevention of Parent to Child Transmission services (PPTCT)	
6.	Antenatal care	
7.	Intra -natal Care	
8.	Medical Termination of Pregnancy (MTP) (If No. of MTP cases done comes more than 0, no need to ask this question)	
9.	Gynae surgery services	

10.	Gynae onco surgery services	
	<b>Family Planning Services</b>	
11.	Intra- Uterine Contraceptive device (IUCD) services	
12.	Female Sterilization (Tubectomy)	
13.	Male Sterilization (Vasectomy)	
14.	Family planning counselling services	
	<b>Infertility Services</b>	
15.	Artificial insemination	
16.	In-vitro fertilization	
17.	Laparoscopy Surgery for endometriosis	
18.	Tuboplasty	
19.	Intra-cytoplasmic sperm injection (ICSI)	
20.	Gamete/Zygote intra-fallopian transfer	
21.	<b>TB Diagnosis and Treatment Services</b>	
21.1	Whether HE having TB Diagnosis Services	Yes/No
21.1.1	If Yes in 21.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
21.1.2	If Yes in 21.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	<ul style="list-style-type: none"> <li>a) Microscopy</li> <li>b) GeneXpert</li> <li>c) Histopathology</li> <li>d) Cytology</li> <li>e) Radiology</li> <li>f) Culture</li> <li>g) PCR</li> <li>h) TST</li> <li>i) IGRA</li> <li>j) TB IG-g, IG-M Test</li> </ul>
21.1.3	If No in 21.1, Where are presumptive TB patients referred for diagnosis?	<ul style="list-style-type: none"> <li>a) Public health facility</li> <li>b) Private health facility</li> </ul>
21.2	Whether HE having TB Treatment Services	Yes/no
21.2.1	If Yes in 21.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)
21.2.2	If Yes in 21.2 Which anti-TB drugs are used?	<ul style="list-style-type: none"> <li>a) RNTCP supplied</li> <li>b) Private market</li> </ul>
21.2.3	If Yes in 21.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)

21.2.4	If No in 21.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
21.2.5	If No in 21.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
21.2.6	If No in 21.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
21.2.7	If No in 21.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
21.2.8	If No in 21.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.15 C	Obstetrics & Gynaecology Equipment	Availability (Yes/No)	Number		
			Total	Functional	Non-functional
1.	USG machine with Colour Doppler				
2.	Foetal Doppler				
3.	Foetal Monitors				
4.	ECG Machine				
5.	Oxygen Concentrator				
6.	Cardiotocography Machine (CTG)				
7.	Suction Machine				
8.	Vacuum Extractor				
9.	Pulseoxymeter				
10.	Laryngoscope Set				
11.	Fetoscope				
12.	Hysteroscope				
13.	Colposcope				
14.	Boyle's apparatus				
15.	Ventilator				

## 7.16 ORTHOPEDICS

7.16 A	Orthopedics	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

7.16 B	Availability of Orthopedic Services	Availability (Yes/ No)
1.	<b>General OPD services</b>	
2.	Fracture reduction	
3.	Spinal surgeries	
4.	Small bones surgeries (including hand and feet)	
5.	Long bones surgeries (fracture or deformity management)	
6.	Management of Polytrauma	
7.	Replacement surgeries – knee, shoulder, hip	
8.	Replacement Prosthesis	
9.	Arthroscopy services	
10.	Arthroplasty	
11.	Orthopedic cancer surgery	
12.	Osteo-myelitis	
13.	Polymyelitis with residual Deformities /JRA/RA	
14.	TB Diagnosis and Treatment Services	
14.1	Whether HE having TB Diagnosis Services	Yes/No
14.1.1	If Yes in 14.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
14.1.2	If Yes in 14.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test

14.1.3	If No in 14.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
14.2	Whether HE having TB Treatment Services	Yes/no
14.2.1	If Yes in 14.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)
14.2.2	If Yes in 14.2 Which anti-TB drugs are used?	a) RNTCP supplied b) Private market
14.2.3	If Yes in 14.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
14.2.4	If No in 14.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
14.2.5	If No in 14.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
14.2.6	If No in 14.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
14.2.7	If No in 14.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
14.2.8	If No in 14.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.16 C	Orthopaedic equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non functional
1.	Boyle's Apparatus				
2.	Ventilator				
3.	Coupling Device				
4.	Sharp Hook				
5.	Ball Spike				
6.	Bending Iron				
7.	Reduction Forceps				
8.	Bone Clamp				

9.	Bone Rongeur				
10.	Bone Lever				
11.	Bone Chisels				
12.	Bone Curette				
13.	Raspatories				
14.	Power Vac				
15.	Drill				
16.	Saw Blades				
17.	Lead Hand				
18.	Bone Mill				

### 7.17 PEDIATRICS SURGERY

7.17 A	Pediatric Surgery	Total
1	No of Beds as on 31 <sup>st</sup> Dec 2017	
2	No. of OPD cases (Jan –Dec 2017)	
3	No. of IPD cases (Jan-Dec 2017)	
4	No. of total surgeries (Jan-Dec 2017)	

7.17 B	Availability of Pediatric Surgery Services	Yes/No
1.	General OPD services	

7.17 C	Pediatric equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non functional
1.	Boyle's Apparatus				
2.	Diathermy Machine				
3.	Multi Para Monitor				
4.	Infusion Pump				
5.	Cardiac Monitor with defibrillator				
6.	Ventilator				
7.	DVT Pressure Pump				
8.	Automated biological liquid aspirator and insufflators				
9.	Resuscitation emergency cart				

### 7.18 ENT

7.18 A	ENT	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

7.18 B	Availability of ENT Services	Availability (Yes/ No)
1.	General OPD services	
2.	Audiology Clinic	
3.	Speech Therapy clinic	
4.	Head & Neck Tumor Clinic	
5.	Nasal Endoscopy & Endoscopic Sinus Surgery	
6.	ENT Onco Surgery	
7.	Cochlear Implant	
8.	Oto-Endoscopy	
9.	TB Diagnosis and Treatment Services	
9.1	Whether HE having TB Diagnosis Services	Yes/No
9.1.1	If Yes in 9.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
9.1.2	If Yes in 9.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
9.1.3	If No in 9.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
9.2	Whether HE having TB Treatment Services	Yes/no
9.2.1	If Yes in 9.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)
9.2.2	If Yes in 9.2 Which anti-TB drugs are used?	a) RNTCP supplied b) Private market
9.2.3	If Yes in 9.2 How long TB patients are treated (duration in months)?	Number of Months (.....)



	<b>Check</b> (Months should not be <than 6 and > than 36 months )	
9.2.4	If No in 9.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
9.2.5	If No in 9.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
9.2.6	If No in 9.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
9.2.7	If No in 9.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
9.2.8	If No in 9.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.18 C	ENT Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non functional
1.	Pure tone Audiometer				
2.	Impedance Audiometer				
3.	Laryngoscope				
4.	Otoscope				
5.	Oesophagoscope				
6.	Bronchoscope				
7.	Stroboscope				
8.	Nasal endoscope				
9.	BERA (ABR) machine				
10.	Oto-acoustic Emission Analyzer				
11.	ENT microscope				
12.	Direct laryngoscope				
13.	Fiber optic laryngoscope				
	<b>ENT OT Equipment</b>				
14.	Operating Microscope				
15.	Boyle Davis Head light				
16.	Micro Ear Set				

	Myringoplasty				
17.	Stapedotomy Set				
18.	Micro drill System set				
19.	Oto Acoustic Emission (OAE) Analyzer				
20.	Tracheostomy Set				

7.18 D	ENT specialized diagnostic services	
1.	Audiometry	
2.	Tympanometry	
3.	Voice analysis	
4.	Endoscopy for ENT	
5.	Stroboscopy	

7.18 E	National Health Program	Yes/ No
	<b>National Program for Prevention and Control of Deafness (NPPCD)</b>	
1.	Whether the service of case detection for hearing impairment available?	
2.	Whether HE conducts ear surgeries for the complicated cases?	

### 7.19 OPHTHALMOLOGY

7.19 A	Ophthalmology	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	Cataract cases (Jan-Dec 2017)	
6.	Corneal transplant cases (Jan-Dec 2017)	
7.	No. of presumptive TB patients (Jan-Dec 2017) (Only for private)	

7.19 B	Availability of Ophthalmology Services	Availability (Yes/ No)
1.	General OPD services	
2.	Retinal Surgery	
3.	Corneal Transplant	
4.	Refractive error surgeries	
5.	Squint	
6.	LASIK Surgery	
7.	Cataract Surgery	

8.	Galucoma Surgery	
9.	Laser Eye surgery	
10.	EYE bank	
11.	Cancer surgery	
12.	TB Diagnosis and Treatment Services	
12.1	Whether HE having TB Diagnosis Services	Yes/No
12.1.1	If Yes in 12.1 Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
12.1.2	If Yes in 12.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test
12.1.3	If No in 12.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
12.2	Whether HE having TB Treatment Services	Yes/no
12.2.1	If Yes in 12.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)
12.2.2	If Yes in 12.2 Which anti-TB drugs are used?	a) RNTCP supplied b) Private market
12.2.3	If Yes in 12.2 How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
12.2.4	If No in 12.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
12.2.5	If No in 12.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
12.2.6	If No in 12.2 Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility

12.2.7	If No in 12.2 Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
12.2.8	If No in 12.2 Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.19 C	Ophthalmology Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non functional
1.	Slit Lamp Bio microscope (Chair unit)				
2.	Ophthalmoscope				
3.	Retinoscopy				
4.	Lens-O-meter				
5.	Tonometer				
6.	Argon Laser				
7.	YAG Laser				
8.	Pachymetry				
9.	Optical Coherence Tomography Scanner				
10.	Specular Microscopy				

7.19 D	National Health Programmes	Yes/ No
	<b>National Programme for Control of Blindness (NPCB)</b>	
1.	Whether Cataract surgery with Intraocular lenses available at the HE?	
2.	Whether HE acts as Referral center for the complicated cases for the lower facilities?	

## 7.20 ONCOLOGY

7.20 A	Oncology	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.20 B	Availability of Oncology services	Availability (Yes/ No)
1.	General OPD services	
2.	<b>Medical oncology</b>	
2.1	Chemotherapy	
2.2	Immunotherapy	
3.	<b>Radiation Oncology</b>	
3.1	Radiation Therapy - LINAC	
3.2	Brachytherapy	
3.3	External beam therapy	
3.4	Palliative oncology services	
4.	<b>Surgical oncology</b>	
4.1	Head & Neck Cancer Surgeries	
4.2	Gastro-intestinal cancer	
4.3	Hemato-oncology	
4.4	Ortho-oncology	
4.5	Gynaecological cancers	
4.6	Oral Tumours	
4.7	Lung and mediastinum tumours	
4.8	Bone Marrow Transplant	
4.9	Counselling Services	

7.20 C	Oncology Equipment	Number			
		Availability (Yes/ No)	Total	Functional	Non-functional
1.	Biosafety cabinets for Chemotherapy				
	Radiotherapy				
2.	LINAC (Linear Accelerator)				
3.	External Beam				
4.	Cobalt Accelerator				
5.	Clinical Dosimeter				
6.	E-cam Single headed Gamma Camera				
7.	Brachytherapy Unit				

## 7.21 CARDIOTHORACIC & VASCULAR SURGERIES

7.21 A	Cardiothoracic & Vascular Surgeries	Total
1.	No of Beds as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan –Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total surgeries (Jan-Dec 2017)	

7.21 B	Cardiothoracic & Vascular Surgeries Services	
1.	CABG	
2.	Corrective heart surgeries	
3.	Congenital Adult Cardiac Surgery	
4.	Paediatric Cardiac Surgery	
5.	Vascular Surgeries	
6.	Aneurysm Surgery	
7.	Heart Transplant	
8.	Total arterial coronary artery bypass grafting	
9.	Minimal invasive valvular heart surgery with valve repair	
10.	Adult congenital heart surgery	
11.	Complex aortic surgery	
12.	TAVI	
13.	Defect Closures(vascular surgery)	

7.21 C	Cardiothoracic & Vascular Surgeries Equipment	Number		
		Availability (Yes/ No)	Total	Functional Non- functional
1.	Extra corporeal membrane oxygenator (ECMO)(CTVS surgery)			
2.	Cardio Pulmonary Bypass Machine (Heart & Lung Machine)			
3.	Cell saver machine			
4.	Endovascular laser			
5.	Intravascular Laser (RFA) machine			
6.	Transesophageal Echocardiography (TEE)			
7.	Boyle's apparatus			
8.	Ventilator			
9.	ECHO 4D			

10.	ECHO 2D				
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### 7.22 UROLOGY

7.22 A	Urology	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	
5.	No. of Presumptive TB patient (Jan-Dec 2017) only for private	

7.22 B	Availability of Urology services	Availability (Yes/ No)
1.	General OPD services	
2.	Nephro and Urolithiasis	
3.	Benign prostrate hypertrophy (BPH)	
4.	Renal Corrective surgeries	
5.	Endo-urological procedures	
6.	Renal transplantation services	
7.	Urology surgeries	
8.	Genitourinary tract Surgery	
9.	Surgical Uro-oncology services	
10.	Lithotripsy	
11.	Stone Clinic	
12.	<b>TB Diagnosis and Treatment Services</b>	
12.1	Whether HE having TB Diagnosis Services	Yes/No
12.1.1	If Yes in 12.1,Average no. of TB patients diagnosed (Jan-Dec 2017)	(Number).....
12.1.2	If Yes in 12.1, Which tests are used for diagnosis of extra pulmonary TB (Multiple Options)	a) Microscopy b) GeneXpert c) Histopathology d) Cytology e) Radiology f) Culture g) PCR h) TST i) IGRA j) TB IG-g, IG-M Test

12.1.3	If No in 12.1, Where are presumptive TB patients referred for diagnosis?	a) Public health facility b) Private health facility
12.2	Whether HE having TB Treatment Services	Yes/no
12.2.1	If Yes in 12.2, Average no. of TB patients treated (Jan-Dec 2017)	Number (.....)
12.2.2	If Yes in 12.2 Which anti-TB drugs are used?	a) RNTCP supplied b) Private market
12.2.3	If Yes in 12.2, How long TB patients are treated (duration in months)? <b>Check</b> (Months should not be <than 6 and > than 36 months )	Number of Months (.....)
12.2.4	If No in 12.2, Reason for referral of TB patients (Multiple Options)	a) For treatment of T.B b) For treatment of drug resistant TB only c) For management of adverse drug reactions d) For assessment and consultation for non-improving cases
12.2.5	If No in 12.2, Where do you refer TB patients for treatment? (Only for Private Sector )	a) Public health facility b) Private health facility
12.2.6	If No in 12.2, Where do you refer TB patients for drug resistant TB treatment? ( Only for Private Sector )	a) Public health facility b) Private health facility
12.2.7	If No in 12.2, Where do you refer TB patients for adverse drug reaction? (Only for Private Sector )	a) Public health facility b) Private health facility
12.2.8	If No in 12.2, Where do you refer TB patients for assessment and consultation for non-improving cases? (Only for Private Sector )	a) Public health facility b) Private health facility

7.22 C	Urology Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1.	Laparoscope				



2.	Urethroscope				
3.	Uretero-roscope				
4.	Extra corporeal shockwave Lithotripsy (ESWL)				
5.	Ultrasound machine				
6.	Cystoscope				
7.	Transplant surgical equipments				
8.	Surgical robot				

### 7.23 NEUROSURGERY

7.23 A	Neuro Surgery	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.23 B	Availability of Neuro-surgery services	Availability (Yes/ No)
1.	General OPD services	
2.	Brain Tumours	
3.	Awake brain surgery	
4.	Stereotactic radiosurgery	
5.	Minimally invasive surgery	
6.	Skull and cranial base surgeries	
7.	Endoscopic transnasal surgeries	
8.	Brain Aneurysm surgeries	
9.	Spine surgeries	
10.	Trigeminal neuralgia surgery	
11.	Cerebro-vascular surgeries	
12.	Traumatic brain surgeries	
13.	Paediatric neurosurgery	

7.23 C	Neurosurgery Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1.	Boyles's Appratus				
2.	Ventillator				

3.	Resuscitation emergency cart				
4.	Defibrillator				
5.	Cardiac Monitor				
6.	Neurosurgical retractors				
7.	Cranial fixation				
8.	Spine implants				
9.	Neuro endoscopy				
10.	Neuro-surgical set				

### 7.24 COSMETOLOGY/ BURN/PLASTIC SURGERY

7.24 A	Cosmetology/ Burn/Plastic Surgery	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.24 B	Availability of Cosmetology/ Burn/Plastic Surgery	Availability (Yes/ No)
1.	<b>General OPD services</b>	
2.	Aesthetic Surgery	
3.	Burn Surgery	
4.	Craniofacial Surgery	
5.	Hand Surgery	
6.	Microsurgery	
7.	Reconstructive Surgery	
8.	Paediatric plastic surgery	
9.	Hair Transplant	
10.	Skin Bank	
11.	Hyper baric Oxygen therapy service	
12.	Rehabilitation and Occupational service	
13.	Birth Defect and congenital disorder clinic	
14.	Hand & Brachial plexus injury (BPI)clinic	
15.	Maxillofacial Clinic	
16.	Cosmetic Clinic	
17.	Micro Vascular Clinic	
18.	Speech clinic	

7.24 C	Cosmetology/ Burn/Plastic Surgery Equipments	Availability (Yes/ No)	Total	Functional	Non functional
1.	Liposuction Devices				
2.	Microvascular instruments				
3.	Laser Yag				
4.	Surgical Set (breast surgeries, skin grafting – retractors, knives, scissors)				
5.	Dermatome surgery instrument				
6.	Boyle's apparatus				
7.	Ventilator				

#### 7.25 MEDICOLEGAL/ FORENSIC MEDICINE:

7.25 A	Medicolegal /forensic Medicine	Total
1.	Postmortem cases (Jan-Dec 2017)	Number (....)
2.	Mortuary available	Yes/No

7.25 B	Availability of Medicolegal /forensic Medicine Services	Availability (Yes/ No)
1.	DNA Analysis (Parental disputes)	
2.	Human identification	
3.	Post-mortem	
4.	Age assessment	
5.	Embalming service	
6.	Forensic Toxicology services	
7.	DNA fingerprinting	
8.	Forensic Histopathology	

7.25 C	Medicolegal/ Forensic Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1	Dead body cold storage refrigerator				

## 7.26 DENTAL

7.26 A	Dental Services	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.26 B	Availability of Dental Services	Availability (Yes/ No)
<b>1.</b>	<b>General OPD Services</b>	
<b>2.</b>	<b>Oral diagnosis , medicine &amp; radiology</b>	
2.1	Diagnosis of oral & dental lesions and their early detection.	
2.2	Medical management precancerous lesions of mouth and other infective inflammatory, neoplastic oral lesions.	
2.3	Radiological investigation of oral and dental structures related to diagnosing different maladies	
<b>3</b>	<b>Oral and Maxillofacial Surgery</b>	
3.1	Extraction of teeth.	
3.2	Surgical impaction.	
3.3	Biopsies of oral lesions.	
3.4	Routine and select advance oral surgical procedures.	
3.5	Fractures of facio maxillary complex.	
3.6	Management of dental emergency and facial trauma	
3.7	Bone grafting	
<b>4</b>	<b>Prosthodontics</b>	
4.1	Conventional complete & partial dentures.	
4.2	Routine maxillofacial prosthesis for defects.	
4.3	Implantology	
4.4	Dental Imaging	
<b>5</b>	<b>Conservative Dentistry and Endodontics</b>	
5.1	Preventive treatment.	
5.2	Routine restoration (filling)	
5.3	Endodontic management of teeth.	
5.4	Restorative management of traumatic injuries to teeth.	
<b>6</b>	<b>Orthodontics</b>	
6.1	Alignment of teeth.	
6.3	Correction of occlusion in cleft lip and palate patients.	
6.4	Application of bite plates	
6.5	Cosmetic dentistry	
<b>7</b>	<b>Paediatric Dentistry</b>	
7.1	Restorative procedures.	

7.2	Orthodontic procedures.	
7.3	Preventive procedures.	
7.4	Prosthetic procedures.	
7.5	Scaling.	
<b>8</b>	<b>Periodontics</b>	
8.1	Curettage.	
8.2	Incision and drainage of periodontal abscess.	
8.3	Emergency periodontal procedures.	
8.4	Routine periodontal surgeries.	
8.5	Prosthetics	
8.6	Routine maxillofacial prosthesis for defects.	
8.7	Dental Imaging	

7.26 C	Dental Equipment	Number			
		Availability (Yes/ No)	Total	Functional	Non functional
1.	Dental Chair Unit				
2.	Endodontics equipment				
3.	Prosthetics equipment				
4.	Dental Surgical Unit (oral surgery and periodontics)				
5.	Amalgamator				
6.	Ultrasonic scaling Unit				
7.	Dental X-ray				
8.	Orthopantomogram (OPG) Unit				
9.	RVG machine				
10.	Dental Laser				
11.	Intra Oral 3d SCANNER				
12.	Endodontics Microscope				
13.	CAD CAM Unit				
14.	CBCT machine				
15.	Myofunctional disorders Correction unit				
16.	Boyle's apparatus				
17.	Ventilator				

## 7.27 PHYSICAL MEDICINE AND REHABILITATION (PMR)/ PHYSIOTHERAPY

7.27 A	Physical Medicine And Rehabilitation (PMR)/ Physiotherapy	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.27 B	Availability of Physical Medicine And Rehabilitation (PMR)/ Physiotherapy Services	Availability (Yes/ No)
1.	<b>General OPD services</b>	
2.	Tractions (Lumbar & Cervical)	
3.	Short wave diathermy	
4.	Electrical Stimulator with TENS	
5.	Neuromuscular electrical stimulation	
6.	Ultra-Sonic Therapy	
7.	Paraffin Wax Bath	
8.	Infra-Red Lamp (Therapy)	
9.	UV (Therapeutic)	
10.	Electric Vibrator	
11.	Interferential therapy	
12.	Electronic cervical and lumbar traction	
13.	Chest physiotherapy	
14.	Cardio-pulmonary rehabilitation	
15.	Geriatric care and management	
16.	Management of back problems	
17.	Management of sports related injuries	
18.	Restorative care for the neonates and paediatric patients	
19.	Rehabilitation of hand injuries	
20.	Rehabilitation of spinal cord injuries	
21.	Prosthetics rehabilitation	
22.	Burn care and rehabilitation	

7.27 C	Physical Medicine And Rehabilitation (PMR)/ Physiotherapy Equipment	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
23.	Shot wave diathermy				
24.	Ultra Sound Therapy				
25.	Infra-red therapy lamp				
26.	Neuromuscular Stimulator				
27.	Cervical and Lumber Traction				

28.	Kit for Neuro-development assessment				
29.	Paraffin Wax Bath				
30.	Digital Traction Unit				
31.	Computerized Laser Therapy Equipment				
32.	TENS Machine				
33.	Computerized Diagnostic Stimulator Unit				
34.	Skeleton Transaction Set				
35.	Interferential Therapy Unit				
36.	ADL Kit & Hand Exerciser				
37.	Hot air oven				
38.	Hot air gun				
39.	Lathe				

7.27 D	National Health Programmes	Yes/ No
	<b>Physical Medicine and Rehabilitation (PMR)</b>	
1.	Whether primary prevention of Disabilities Screening, early identification, detection and counselling is available?	
2.	Whether HE issues Disability Certificate?	
3.	Whether HE has provision for Rehabilitation Services?	

### 7.28 NUCLEAR MEDICINE

7.28 A	Nuclear Medicine	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases (Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	

7.28 B	Availability of Nuclear Medicine Services	Availability (Yes/ No)
1.	Nuclear medicine therapy	
2.	Thyrotoxicosis , Colloid Radio synovectomy, ablation for differentiated Thyroid cancer	
3.	Gamma Camera Studies	
4.	PET CT	
5.	Cardiac PET	
6.	Brain PET	

7.	Nuclear scans	
8.	Iodine Therapy	
9.	Nuclear Cardiology	

7.28 C	Nuclear Medicine Equipment's	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1.	Dual Head				
2.	Gamma Camera				
3.	Symbia-E				
4.	PET-CT				

### 7.29 GENETICS

7.29 A	Genetics	Total
1.	No. of OPD cases (Jan- Dec 2017)	
2.	No. of IPD cases(Jan- Dec 2017)	

7.29 B	Availability of Genetics Services	Availability (Yes/ No)
1.	Genetic counselling and screening services	
2.	Dysmorphology	
3.	Cytogenetics	
4.	Liquid biopsy	
5.	Tissue analysis	

7.29 C	Genetics Equipment's	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1	Refrigerator				
2	Deep freezer				
3	Electrophoresis system				
4	Magnetic Stirrer & Vortex				
5	Gel documentation & system				
6	Thermal Cycler				

### 7.30 AVIATION MEDICINE

7.30 A	Pl. indicate the number of case reported during the year 2017 (Jan to Dec)	Total
1.	No of bed as on 31 <sup>st</sup> Dec 2017	
2.	No. of OPD cases (Jan-Dec 2017)	
3.	No. of IPD cases(Jan-Dec 2017)	
4.	No. of total Surgeries (Jan-Dec 2017)	



<b>7.30 B</b>	<b>Availability of Aviation Medicine Services</b>	<b>Availability (Yes/ No)</b>
1.	Environmental Physiology	
2.	High Altitude Physiology & Hyperbaric Medicine	
3.	Acceleration Physiology & Spatial Orientation	
4.	Human Engineering	
5.	Applied Physics & Biodynamics & Biomedical Engineering.	
6.	Aviation Psychology	
7.	Aviation Pathology	
8.	Aviation Psychiatry	

<b>7.30 C</b>	<b>Aviation Medicine Equipment</b>	<b>Availability (Yes/ No)</b>	<b>Number</b>		
			<b>Total</b>	<b>Functional</b>	<b>Non-functional</b>
<b>1</b>	<b>Medicine</b>				
1.1	ECG & TMT				
1.2	Holter Monitor				
1.3	ABPM				
1.4	Echocardiography				
<b>2</b>	<b>ENT</b>				
2.1	VNG Chair				
2.2	Audiometry Chamber				
2.3	BERA Machine				
<b>3</b>	<b>Eye</b>				
3.1	Wall Mounted Streak Ophthalmoscope.				
3.2	Wall Mounted Streak Retinoscope.				
3.3	Non-Contact Tonometer				
3.4	Auto refracto meter				
3.5	Digital Fundus Camera				
3.6	LED Digital Visual Acuity Chart				
<b>4</b>	<b>Pathology</b>				
4.1	GCMS, LCMS, HPTLC				
4.2	Automated Hematology counter				

### 7.31 DIAGNOSTIC SERVICES

7.31.A	Pathology services (If yes in 5.1.2.39)	
1.	Mention the ownership status of Pathology services (Multiple choice)	a) Owned b) Outsourced c) PPP mode d) Collection center ---- End If only d is selected in 1 of 7.31A then end
1.1	If (a) Owned in 1, Please mention Number	(Number)
1.1.1	Owned Pathology 1, Is this Pathology provides services to outside hospital patients	a) Yes – <b>Link Diagnostic</b> b) No- Continue
1.2	If (b) Outsourced in 1, the Please mention Number	(Number)
1.2.1	Outsourced Pathology 1, Is this Pathology provides services to outside hospital patients	a) Yes – <b>Link Diagnostic</b> b) No- continue
1.3	If (c) PPP in 1 then, please mention Number	(Number)
1.3.1	PPP Pathology 1, Is this Pathology provides services to outside hospital patients	a) Yes – <b>Link Diagnostic</b> b) No
2	Mention Availability of following pathology services {Only to be asked if (b) in 1.1.1/1.2.1/1.3.1}	Yes/No
<b>2 A</b>	<b>Hematology (If yes in 5.1.2. 37.3</b>	
1.	Routine Hemogram	
2.	Immunoglobulin Profile (IgM, IgG, IgE, IgA)-	
3.	Fibrinogen Degradation Product- Clotting time/ Bleeding Time/PT/ APTT	
4.	Bone Marrow Aspiration	
5.	Immuno-hematology	
6.	Thalassemia	
7.	Blood Culture & Sensitivity	
8.	Abnormal Cells / Parasites	
9.	Blood Cell Cyto chemistry	
10.	Blood Film Morphology	
11.	Factor Viii Essay/Inhibitor	
12.	Genotyping	
13.	Hemoglobin Electrophoresis/A2	
14.	HIV (AIDS)	
15.	Presumptive Test Of Hemolysis	
16.	Schilling Test RBC Lifespan,	
17.	Protein Less Estimation Serum	
18.	Screening Coagulation Studies	
19.	Serum B12 Assay	
20.	Sugar Waler Test	

21.	Test For Fibrinolysis	
22.	Carrier Detection of Hemophilia - A	
23.	Prenatal Diagnosis of Hemophilia - A	
24.	APCR	
25.	AT-III	
26.	Beta Glycoprotein	
27.	Carrier detection hemophilia	
28.	Carrier detection prenatal	
29.	ELISA for Beta Glycoprotein	
30.	Factor assays	
31.	Heparin assay	
32.	HPLC	
33.	Immuno electrophoresis per antibody	
34.	Immuno phenotype antibodies	
35.	Molecular genetic studies by RQ-RT-PCR	
36.	MTHFR	
37.	Mutation Detection	
38.	Proglobal C	
39.	Protein C&S Clotting assay	
40.	vWD- Ristocetin co factor assays	
41.	vWD- vWF antigen	
42.	Tuberculin Skin Test (Manteaux Test)	
43.	Interferon Gama Release Assay (TB Gold / TB Spot)	
<b>2B</b>	<b>Histopathology</b> (If yes in 5.1.2. 37.4)	
44.	Routine histopathology	
45.	All types of biopsies	
46.	Immuno Histo chemistry	
47.	Cyto chemistry/ Special stains	
<b>2C</b>	<b>Microbiology</b> (If yes 5.1.2. 37.1)	
48.	KOH study for fungus	
49.	Culture and sensitivity for Blood, Sputum, Pus, Urine, Stool, CSF.	
50.	Smear for AFB	
51.	Culture for M. Tuberculosis – Solid Culture	
52.	Culture for M. Tuberculosis – Liquid Culture MGIT	
53.	Culture for M. Tuberculosis – Liquid Culture Bactec	
54.	Culture and sensitivity for M. Tuberculosis	
<b>2D</b>	<b>Serology</b> (If yes in 5.1.2. 37.5)	
55.	RPR Card test for Syphilis	
56.	Leptospirosis, Brucellosis	
57.	Elisa test for HIV, HBsAg, HCV, HCG	
58.	ANA(Anti-Nuclear antibody test) check	
59.	Anti CCP	

60.	Compliments C4 &C3	
61.	HLA B27	
62.	Antibody Test	
63.	Anti-thyroid Antibody	
64.	Brucella Agglutination	
65.	ELISA for cyclosporine levels	
66.	Evaluation kit for antibody testing	
67.	Fluorescent Antibody Test	
68.	HCG assays	
69.	Serum CK-MB (isoenzyme)	
70.	Serum Hormones by Radio Immuno-assay	
71.	Sterility test	
72.	Serological test for TB (Antigen-Antibody test)	
<b>2E</b>	<b>Biochemistry (If yes 5.1.2. 37.2)</b>	
73.	Glycosylated Hemoglobin	
74.	Liver function tests	
75.	Kidney function tests	
76.	Lipid Profile	
77.	Thyroid profile (T3 T4 TSH)	
78.	Serum calcium	
79.	Serum Phosphorous	
80.	Serum Magnesium	
81.	Serum Amylase	
82.	Apoptin A and B	
83.	C reactive protein	
84.	Icteric index	
85.	Tumor markers	
86.	DHEA	
87.	Hormone profile male/ female	
88.	G6PD deficiency	
89.	Vitamin B12	
90.	Prostate Specific Antigen (PSA)	
91.	CSF for protein, sugar and microscopy	
92.	Blood gas analysis	
93.	CPK- MB	
94.	Augmented Histamine Test	
95.	Barbiturates 25.00	
96.	Lithium	
97.	Muscle enzyme test	

98.	Non-proteins Nitrogen	
<b>2F</b>	<b>Cytology</b> (If yes 5.1.2.37.6)	
99.	PAP Smear	
100.	Sputum cytology	
101.	CSF Analysis- Analysis, Cell count, smears	
102.	Buccal smear for Barr bodies	
103.	Aspirated fluids- Cell count cytology	
104.	Semen Analysis	
105.	Cell Block Preparation	
106.	Imprint smears	
107.	Urine Analysis	
108.	Stool Analysis	
<b>2G</b>	<b>Molecular Test for TB</b>	
109.	Xpert MTB/Rif (CBNAAT / GeneXpert)	Yes/no
110.	True Nat	Yes/no
111.	Line Probe Assay	Yes/no
112.	NiPro	Yes/no
113.	In-house PCR	Yes/no
<b>2H</b>	<b>How many TB tests received by HE for following (Jan- Dec 2017)</b>	
114.	Smear microscopy	Number (----)
115.	Xpert MTB/RIF/ GeneXpert / CBNAAT	Number (----)
116.	In-house CPR	Number (----)
117.	Line Probe Assay	Number (----)
118.	TrueNat	Number (----)
119.	NiPro	Number (----)
120.	Solid Culture	Number (----)
121.	Liquid Culture – MGIT	Number (----)
122.	Liquid Culture – Bactec	Number (----)
123.	IGRA (TB Gold / TB Spot)	Number (----)
124.	Tuberculin Skin Test (Mantoux Test)	Number (----)
125.	Serological Test (Antigen – Antibody Test)	Number (----)
126.	Whether HE has sample processing unit for Extra Pulmonary Samples?	Yes/No

<b>7.31. B</b>	<b>Radio Diagnostic Services</b>	
1	If yes in 5.1.2.38 Mention the ownership status of Radio diagnostic services (Multiple choice)	a)Owned b)Outsourced c)PPP mode
1.1	If (a) Owned in 1, Please mention Number	(Number)
1.1.1	Owned Radio Diagnostic Lab 1, Is this Radio Diagnostic Lab provides services to outside hospital	a) Yes- <b>Link Diagnostic</b> b) No- Continue

	patients	
1.2	If (b) Outsourced in 1, the Please mention Number	(Number)
1.2.1	Outsourced Radio Diagnostic Lab 1, Is this Radio Diagnostic Lab provides services to outside hospital patients	a) Yes – <b>Link Diagnostic</b> b) No- continue
1.3	If (c) PPP in 1 then, please mention Number	(Number)
1.3.1	PPP Radio Diagnostic Lab 1, Is this Radio Diagnostic Lab provides services to outside hospital patients	a) Yes – <b>Link Diagnostic</b> b) No- Continue
3	<b>Mention availability of following Radio Diagnostic services (If No in 1.1.1/1.2.1/1.3.1)</b>	
3.1	Radiology Services	Yes/ No
3.1.1	X-ray	
3.1.2	Traditional X ray	
3.1.3	Digital with CR system	
3.1.4	Digital with DR system	
3.1.5	Barium Studies	
3.1.6	IVP	
3.1.7	Bone mineral Density	
3.1.8	HSG	
3.1.9	Ultrasonography (USG)	
3.1.10	CT scan	
3.1.11	MRI	
3.1.12	PET CT	
3.1.13	SPECT Scan	
3.1.14	Cardiac CT	
3.1.15	Color Doppler	
3.1.16	Dual X-ray Absorptiometry (DXA)	
3.1.17	Mammography	
3.1.18	CBCT	
3.1.19	Nuclear scan	
	<b>Endoscopy</b>	
3.1.20	GI endoscopies (Esophagus, stomach, Colonoscopy)	
3.1.21	Bronchoscopy	
3.1.22	Arthroscopy	
3.1.23	Hysteroscopy	
3.2	<b>Interventional Radiology (If yes in 5.1.2.38.2)</b>	
3.2.1	Diagnostic angiogram/venogram	
3.2.2	Arterial Intervention	
3.2.3	Venous Interventions	
3.2.4	Non Vascular Interventions	

3.3	How many probable TB cases documented (Jan-Dec 2017)	
3.3.1	Number of X-Ray done for TB cases	Number (.....)
3.3.2	Number of CT Scan done for TB cases	Number (.....)
3.3.3	Number of MRI done for TB cases	Number (.....)

### 7.31 C Diagnostic services: Equipment

1	Pathology Equipment If yes in 5.1.2.37	Availability (Yes/ No)	Number		
			Total	Functional	Non-functional
1.1	Auto-analyser				
1.2	Homogenizer				
1.3	Laminar Flow Chamber				
1.4	Spectrophotometer				
1.5	Automatic Bacteria Identification System				
1.6	PCR Machine				
1.7	Biochemistry Analyser				
2	Radiology Equipment (if yes in 5.1.2.38)				
2.1	X-Ray Machine				
2.2	C-arm				
2.3	MR Mammography Unit				
2.4	Colour Doppler Machine				
2.5	MRI Machine				
2.6	CT Scan Machine				
2.7	SPECT CT				
2.8	PET MR				
2.9	High Resolution sono-mammography				
2.10	Bone Mineral Densitometry (BMD)				
2.11	Computed radiography Scanner				
2.12	Radionuclide imaging				
2.13	PACS (picture archiving and communication system)				