

SP_xlsform_final_english.xls

		0 Timings
4 SP Case	<input type="radio"/> Asthma <input type="radio"/> Malaria <input type="radio"/> TB <input type="radio"/> URTI	
5 Informed or uninformed patient?	<input type="radio"/> a- Uninformed (does not mention antibiotic knowledge) <input type="radio"/> b- Informed (mentions antibiotic knowledge)	$\${SPCase}=4$
6a Probes symptoms time of day	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker	
6b Probes duration of symptoms	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker	$\${SPCase} \neq 1$
7a Probes cough	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker	$\${SPCase}=2$
7b Asks if cough produces mucus/sputum	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker	
7c Asks colour of mucus/sputum	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker	$\${SPCase}=4$
7d Asks if blood in sputum	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker	$\${SPCase}=3$ or $\${SPCase}=4$
8a Probes fever		$\${SPCase} \neq 2$

	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
a Probes chest pain	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
b Probes vomiting and/or diarrhoea	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
c Probes weight loss	$\${SPCase}=1$ or $\${SPCase}=3$ <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
d Probes loss of appetite	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
e Probes night sweats	$\${SPCase}=1$ or $\${SPCase}=3$ <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
f Probes wheezing	$\${SPCase} \neq 2$ <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
g Probes breathing difficulty	$\${SPCase} \neq 1$ <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
h Probes fainting or convulsions	$\${SPCase}=2$ <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
a Probes type of breathing difficulty (current episode)	$\${SPCase}=1$

	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
b Probes circumstances of episode	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
c Probes length of attack	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
d Asks if shortness of breath is constant or episodic	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
e Probes if had eaten anything unusual	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
f Probes previous breathing difficulties	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
g Probes when difficulties started or how long they've happened for	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
h Probes frequency of attacks (how often)	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
i Probes what brings on attacks/if any trigger	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker

	<input type="radio"/> Question not asked but information given by fieldworker
j Probes if anything improves symptoms/ if you do anything to cope with it	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
k Does the breathing trouble/wake you at night?	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
l How far can you walk during an attack?	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
m Are you breathless even at rest during an attack?	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
n Have your lips become blue during at attack?	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
a Probes other health-seeking or medication taken	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
b Probes name or type of medication	<p style="text-align: right;">\${SPCase}=3 and \${ProbesHealthSeeking}!=2</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
c Probes duration taking medication	<p style="text-align: right;">(\${SPCase}=3 or \${SPCase}=2) and \${ProbesHealthSeeking}!=2</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker

a Probes HIV testing/status	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
b Probes personal history of diabetes	<p style="text-align: right;">\${SPCase}=3</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
c Probes personal history of TB	<p style="text-align: right;">\${SPCase}!=2</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
d Asks if asthmatic	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
e Asks about childhood history of breathing difficulties	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
f Asks if taken a malaria test	<p style="text-align: right;">\${SPCase}=2</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
g Asks if has any allergies	<p style="text-align: right;">\${SPCase}!=2</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
h Asks if pregnant/could be pregnant/date of last period	<p style="text-align: right;"> \${InterviewerCode}=9 or \${InterviewerCode}=12 or \${InterviewerCode}=17 or \${InterviewerCode}=18 or ... </p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker

a Asks age (either on registration form seen by doctor or in person)	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
b Asks if smokes	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
c Asks if drinks alcohol	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
d Asks occupation/job	<input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
13e Which job was given?	<p style="text-align: right;">\${Occupation}!=2</p> <input type="radio"/> Buying agricultural products (e.g. cash crops, cattle) <input type="radio"/> Selling goods at markets (e.g. second hand clothes) <input type="radio"/> Other, specify
13f Please specify other job	<p style="text-align: right;">\${JobGiven}=3</p> <input style="width: 100px; height: 20px;" type="text"/>
a Asks about family history of breathing difficulties	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
b Asks about family history of asthma	<p style="text-align: right;">\${SPCase}=1</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
c Asks about family history of TB	<p style="text-align: right;">\${SPCase}=3</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
d Asks about family history of persistent cough	<p style="text-align: right;">\${SPCase}=3</p> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker

	<input type="radio"/> Question not asked but information given by fieldworker
e Have you had contact with anyone with TB?	<div style="text-align: right;">\${SPCase}=3</div> <input type="radio"/> Question asked by doctor <input type="radio"/> Question not asked, information not given by fieldworker <input type="radio"/> Question not asked but information given by fieldworker
a Pulse measured	<input type="radio"/> Yes <input type="radio"/> No
b Blood pressure measured	<input type="radio"/> Yes <input type="radio"/> No
c Listened with stethoscope (front)	<input type="radio"/> Yes <input type="radio"/> No
d Listened with stethoscope (back)	<input type="radio"/> Yes <input type="radio"/> No
e Temperature taken (thermometer, any type)	<input type="radio"/> Yes <input type="radio"/> No
f Temperature taken by touch	<input type="radio"/> Yes <input type="radio"/> No
g Throat/tonsil exam	<input type="radio"/> Yes <input type="radio"/> No
h Abdominal exam	<input type="radio"/> Yes <input type="radio"/> No
16 Any other exams attempted?	<input type="radio"/> Yes <input type="radio"/> No
Please list	<div style="text-align: right;">\${OtherExam}=1</div> <input style="width: 100px; height: 20px;" type="text"/>
17 Were any diagnostic tests ordered?	<input type="radio"/> Yes <input type="radio"/> No
a Malaria RDT	<div style="text-align: right;">\${DiagOrder}=1</div> <input type="radio"/> Yes <input type="radio"/> No
b Malaria Bloodslide	<div style="text-align: right;">\${DiagOrder}=1</div> <input type="radio"/> Yes <input type="radio"/> No
c HIV RDT	<div style="text-align: right;">\${DiagOrder}=1</div> <input type="radio"/> Yes <input type="radio"/> No
d Widal (typhoid)	<div style="text-align: right;">\${DiagOrder}=1</div> <input type="radio"/> Yes <input type="radio"/> No
e Full blood picture	<div style="text-align: right;">\${DiagOrder}=1</div> <input type="radio"/> Yes <input type="radio"/> No

f Haemoglobin/Hb	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{DiagOrder}\}=1$
g Blood sugar/glucose	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{DiagOrder}\}=1$
h TB sputum test/AFB	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{DiagOrder}\}=1$
l Chest X-ray	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{DiagOrder}\}=1$
j Urinalysis	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{DiagOrder}\}=1$
k Urine pregnancy test	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{DiagOrder}\}=1$ and $(\{\text{InterviewerCode}\}=9$ or $\{\text{InterviewerCode}\}=12$ or $\{\text{InterviewerCode}\}=17$ or $\{\text{In ...}$
l Stool sample (worms)	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{DiagOrder}\}=1$
m ESR	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{DiagOrder}\}=1$
a Malaria RDT	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{MRDT}\}=1$
b Malaria Bloodslide	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{MBS}\}=1$
c HIV RDT	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{HIVRDT}\}=1$
d Widal (typhoid)	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{Widal}\}=1$
e Full blood picture	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{FBP}\}=1$
f Haemoglobin/Hb	<input type="radio"/> Yes <input type="radio"/> No	$\{\text{Hb}\}=1$
g Blood sugar/glucose		$\{\text{Glucose}\}=1$

	<input type="radio"/> Yes <input type="radio"/> No	
h TB sputum test/AFB	<input type="radio"/> Yes <input type="radio"/> No	$\${TBAFB}=1$
l Chest X-ray	<input type="radio"/> Yes <input type="radio"/> No	$\${Xray}=1$
j Urinalysis	<input type="radio"/> Yes <input type="radio"/> No	$\${urinalysis}=1$
k Urine pregnancy test	<input type="radio"/> Yes <input type="radio"/> No	$\${UPT}=1$
l Stool sample (worms)	<input type="radio"/> Yes <input type="radio"/> No	$\${Worms}=1$
m ESR	<input type="radio"/> Yes <input type="radio"/> No	$\${ESR}=1$
a Malaria RDT	<input type="radio"/> Yes <input type="radio"/> No	$\${MRDTa}=1$
b Malaria Bloodslide	<input type="radio"/> Yes <input type="radio"/> No	$\${MBSa}=1$
f Haemoglobin/Hb	<input type="radio"/> Yes <input type="radio"/> No	$\${Hba}=1$
g Blood sugar/glucose	<input type="radio"/> Yes <input type="radio"/> No	$\${Glucosea}=1$
j Urinalysis	<input type="radio"/> Yes <input type="radio"/> No	$\${urinalysisa}=1$
k Urine pregnancy test	<input type="radio"/> Yes <input type="radio"/> No	$\${UPTa}=1$
l Stool sample (worms)	<input type="radio"/> Yes <input type="radio"/> No	$\${Wormsa}=1$
a What was the result of the malaria RDT?	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive/invalid	$\${MRDTd}=1$

	<input type="checkbox"/> Result not given <input type="checkbox"/> Other, specify
b What was the result of the malaria bloodslide?	<div style="text-align: right;">\${MBSd}=1</div> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive/invalid <input type="checkbox"/> Result not given <input type="checkbox"/> Other, specify
j What was the result of the Hb test?	<div style="text-align: right;">\${Hbd}=1</div> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive/invalid <input type="checkbox"/> Result not given <input type="checkbox"/> Other, specify
g What was the result of the blood sugar test?	<div style="text-align: right;">\${Glucosed}=1</div> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive/invalid <input type="checkbox"/> Result not given <input type="checkbox"/> Other, specify
j What was the result of the urinalysis?	<div style="text-align: right;">\${urinalysisd}=1</div> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive/invalid <input type="checkbox"/> Result not given <input type="checkbox"/> Other, specify
l What was the result of the stool sample?	<div style="text-align: right;">\${Wormsd}=1</div> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Inconclusive/invalid <input type="checkbox"/> Result not given <input type="checkbox"/> Other, specify

	<div style="text-align: right;">\${DiagOrder}=1</div> 22 Other results
a What was the result of the malaria RDT?	selected(\${MRDTr}, '5') <input type="text"/>
b What was the result of the malaria bloodslide?	selected(\${MBSr}, '5') <input type="text"/>
j What was the result of the Hb test?	selected(\${Hbr}, '5') <input type="text"/>
g What was the result of the blood sugar test?	selected(\${Glucoser}, '5') <input type="text"/>

j What was the result of the urinalysis?	selected({urinalysisr}, '5')
I What was the result of the stool sample?	selected({Wormsr}, '5')

	{DiagOrder}=1 23 Other tests
a Were any other tests done?	{DiagOrder}=1 <input type="radio"/> Yes <input type="radio"/> No
b Were any other tests ordered but not done?	{DiagOrder}=1 <input type="radio"/> Yes <input type="radio"/> No

	{OtherTestDone}=1 or {OtherTestOrder}=1 24 Other test details
a Please list tests done and results	{OtherTestDone}=1 <input type="text"/>
b Please list tests ordered but not done	{OtherTestOrder}=1 <input type="text"/>

	25 Fees paid
a Registration/consultation fees <i>Enter 0 if nothing, 99 if don't know</i>	
b Lab/diagnostic fees <i>Enter 0 if nothing, 99 if don't know</i>	
c Medicine fees <i>Enter 0 if nothing, 99 if don't know</i>	
d Any other fees <i>Enter 0 if nothing, 99 if don't know</i>	
e Total fees <i>Enter 0 if nothing, 99 if don't know</i>	

26 Did the doctor tell you to come back for any reason?	<input type="radio"/> Yes <input type="radio"/> No
a If you don't feel better	<input type="radio"/> Yes <input type="radio"/> No
b To get more medicine	<input type="radio"/> Yes <input type="radio"/> No
c After completion of tests	<input type="radio"/> Yes <input type="radio"/> No

d After a certain number of days	<input type="radio"/> Yes <input type="radio"/> No
e When you have finished the course of medicine	<input type="radio"/> Yes <input type="radio"/> No
f when you have money to pay for treatment/tests	<input type="radio"/> Yes <input type="radio"/> No
g Other instructions	<input type="radio"/> Yes <input type="radio"/> No
28 How many days?	\${FUPdays}=1
29 What other instructions?	\${FUPother}=1 <input type="text"/>
30 Did the doctor refer you to another health facility?	<input type="radio"/> Yes <input type="radio"/> No

	\${Referral}=1 31 Please give details
a Were you given a referral slip/letter?	<input type="radio"/> Yes <input type="radio"/> No
b Were you referred to a certain type of facility?	<input type="radio"/> Government hospital <input type="radio"/> Government health centre/dispensary <input type="radio"/> Private facility <input type="radio"/> Other, specify <input type="radio"/> No particular type
c Were you given the name of the facility?	<input type="radio"/> Yes <input type="radio"/> No

32 Please specify other type of facility	\${RefType}=4 <input type="text"/>
33 Please give name	\${RefName}=1 <input type="text"/>
34 Did the doctor give you a possible diagnosis ?	<input type="radio"/> Yes <input type="radio"/> No
35 Diagnosis	\${Diagnosis}=1 <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Cold <input type="checkbox"/> Malaria <input type="checkbox"/> Pneumonia <input type="checkbox"/> TB <input type="checkbox"/> UTI <input type="checkbox"/> Worms <input type="checkbox"/> Other, specify

36 Please give details	selected(\${DiagnosisType}, '19')
	<input type="text"/>
a Did the provider seem suspicious that you were not a real patient?	<input type="radio"/> Yes <input type="radio"/> No
b Did the provider ask if you were an SP?	<input type="radio"/> Yes <input type="radio"/> No
c Did you have to reveal your identity for any other reason?	<input type="radio"/> Yes <input type="radio"/> No
38 Please give details	<input type="text"/> \${SPOther}=1

	End of visit
40 Was the provider male or female?	<input type="radio"/> Male <input type="radio"/> Female
41 Do you have any symptoms of illness today?	<input type="radio"/> Yes <input type="radio"/> No

42 Which symptoms (tick all that apply)?	<input type="checkbox"/> Blocked nose <input type="checkbox"/> Runnng nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Headache <input type="checkbox"/> Cough <input type="checkbox"/> Ear infection <input type="checkbox"/> Injury <input type="checkbox"/> Other, specify
43 Please give details of other symptoms	selected(\${SymptomType}, '8')
	<input type="text"/>
a Did the doctor ask if you were allergic to any medicines?	<input type="radio"/> Yes <input type="radio"/> No
b Were any medicines dispensed?	<input type="radio"/> Yes <input type="radio"/> No
c Were any medicines prescribed but not dispensed (except injections or IV fluids)?	<input type="radio"/> Yes <input type="radio"/> No
d Were you offered any injections?	<input type="radio"/> Yes <input type="radio"/> No
e Were you offered IV fluids?	<input type="radio"/> Yes <input type="radio"/> No
f Were you prescribed/dispensed an inhaler?	<input type="radio"/> Yes <input type="radio"/> No
g Were you given education about how to control breathing difficulties/asthma attacks?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Yes <input type="radio"/> No
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h Was any other treatment suggested/offered?	<input type="radio"/> Yes <input type="radio"/> No
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	Details of medicine 1
a Brand name	<input type="text"/>
b Name of manufacturer	<input type="text"/>
c Country of manufacturer	<input type="text"/>
d Dosage form	<input type="radio"/> Tablet/pill/capsule <input type="radio"/> Liquid/syrup/drink <input type="radio"/> Cream/topical preparation <input type="radio"/> Other, specify

	Details of medicine 1
Please specify dosage form	<div style="text-align: right;">\${DispForm1}=4</div> <input type="text"/>
Generic name 1	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine

	<input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp1Gen1}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	<div style="text-align: right;">\${DispForm1}=1</div>
Strength (mg/ml)	<div style="text-align: right;">\${DispForm1}=2</div>
Strength (specify units)	<div style="text-align: right;"> \${DispForm1}=4 or \${DispForm1}=3 </div>
Generic name 2	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin

	<input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp2Gen1}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm1}=1
Strength (mg/ml)	\${DispForm1}=2
Strength (specify units)	\${DispForm1}=4 or \${DispForm1}=3
Generic name 3	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin

	<input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<input type="text" value=""/>
Strength (mg)	<input type="text" value=""/>
Strength (mg/ml)	<input type="text" value=""/>
Strength (specify units)	<input type="text" value=""/>
Generic name 4	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac

- albendazole
- aminophylline
- ammonium chloride
- amodiaquine
- amoxicillin
- ampicillin
- artemether
- artemisinin
- aspirin
- azithromycin
- benzylpenicillin
- bromhexine hydrochloride
- cefadroxil
- cephalixin
- cephalixin monohydrate
- cetirizine
- cetirizine hydrochloride
- chlorpheniramine hydrobromide
- chlorpheniramine maleate
- ciprofloxacin
- clarithromycin
- clavulanic acid/clavulanate potassium
- cloxacillin
- codeine phosphohate
- dextromethorphan hydrobromide
- diclofenac sodium
- dihyrdoartemisinin
- diphenhydramine
- doxycycline
- erythromycin
- erythromycin stearate
- flucloxacillin
- gentamicin
- guaiphenesin
- ibuprofen
- loratadine
- lumefantrine
- metronidazole
- paracetamol
- penicillin
- piperazine
- potassium clavulanate
- praziquantel
- prednisolone
- pyrimethamin
- quinine
- salbutamol
- sulfadoxine
- sulfamethoxazole
- tarbutaline sulphate
- trimethoprim
- Other, specify

Please specify generic name

§{Disp4Gen1}=100

	<input type="text"/>
Strength (mg)	#{DispForm1}=1
Strength (mg/ml)	#{DispForm1}=2
Strength (specify units)	#{DispForm1}=4 or #{DispForm1}=3

	Details of medicine 1
e Number of pills/tablets/capsules to take at a time	#{DispForm1}=1
e Volume to consume (ml)	#{DispForm1}=2
e Volume to consume (spoons)	#{DispForm1}=2
e What volume of spoon is used for strength?	#{DispForm1}=2
f Unameza mara ngapi kwa siku	
g Utazitumia kwa siku ngapi?	
h Kuna dawa nyingine ambazo ulipewa?	<input type="radio"/> Yes <input type="radio"/> No

	Details of medicine 2
a Brand name	<input type="text"/>
b Name of manufacturer	<input type="text"/>
c Country of manufacturer	<input type="text"/>
d Dosage form	<input type="radio"/> Tablet/pill/capsule <input type="radio"/> Liquid/syrup/drink <input type="radio"/> Cream/topical preparation <input type="radio"/> Other, specify

	Details of medicine 2
Please specify dosage form	#{DispForm2}=4 <input type="text"/>
Generic name 1	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil

	<input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<input type="text" value=""/>
Strength (mg)	<input type="text" value=""/>
Strength (mg/ml)	<input type="text" value=""/>
Strength (specify units)	<input type="text" value=""/> or <input type="text" value=""/>
Generic name 2	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride

	<input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">§{Disp2Gen2}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	<div style="text-align: right;">§{DispForm2}=1</div>

Strength (mg/ml)	\${DispForm2}=2
Strength (specify units)	\${DispForm2}=4 or \${DispForm2}=3
Generic name 3	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol

	<input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp3Gen2}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm2}=1
Strength (mg/ml)	\${DispForm2}=2
Strength (specify units)	\${DispForm2}=4 or \${DispForm2}=3
Generic name 4	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine

	<input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp4Gen2}=100</div> <input type="text"/>
Strength (mg)	<div style="text-align: right;">\${DispForm2}=1</div>
Strength (mg/ml)	<div style="text-align: right;">\${DispForm2}=2</div>
Strength (specify units)	<div style="text-align: right;">\${DispForm2}=4 or \${DispForm2}=3</div>

	Details of medicine 2
e Number of pills/tablets/capsules to take at a time	<div style="text-align: right;">\${DispForm2}=1</div>
e Volume to consume (ml)	<div style="text-align: right;">\${DispForm2}=2</div>
e Volume to consume (spoons)	<div style="text-align: right;">\${DispForm2}=2</div>
e What volume of spoon is used for strength?	<div style="text-align: right;">\${DispForm2}=2</div>
f Unameza mara ngapi kwa siku	
g Utazitumia kwa siku ngapi?	
h Kuna dawa nyingine ambazo ulipewa?	<input type="radio"/> Yes <input type="radio"/> No

	Details of medicine 3
a Brand name	<input type="text"/>
b Name of manufacturer	<input type="text"/>
c Country of manufacturer	<input type="text"/>
d Dosage form	<input type="radio"/> Tablet/pill/capsule <input type="radio"/> Liquid/syrup/drink <input type="radio"/> Cream/topical preparation <input type="radio"/> Other, specify

	Details of medicine 3
Please specify dosage form	<div style="text-align: right;">\${DispForm3}=4</div>

<p>Generic name 1</p>	<ul style="list-style-type: none"> <input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydroartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate

	<input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp1Gen3}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	<div style="text-align: right;">\${DispForm3}=1</div>
Strength (mg/ml)	<div style="text-align: right;">\${DispForm3}=2</div>
Strength (specify units)	<div style="text-align: right;">\${DispForm3}=4 or \${DispForm3}=3</div>
Generic name 2	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydroartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin

	<input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp2Gen3}=100</div> <input type="text"/>
Strength (mg)	<div style="text-align: right;">\${DispForm3}=1</div>
Strength (mg/ml)	<div style="text-align: right;">\${DispForm3}=2</div>
Strength (specify units)	<div style="text-align: right;">\${DispForm3}=4 or \${DispForm3}=3</div>
Generic name 3	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin

	<input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp3Gen3}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm3}=1
Strength (mg/ml)	\${DispForm3}=2
Strength (specify units)	\${DispForm3}=4 or \${DispForm3}=3
Generic name 4	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate

	potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	\${Disp4Gen3}=100 <input type="text"/>
Strength (mg)	\${DispForm3}=1
Strength (mg/ml)	\${DispForm3}=2
Strength (specify units)	\${DispForm3}=4 or \${DispForm3}=3

	Details of medicine 3
e Number of pills/tablets/capsules to take at a time	\${DispForm3}=1
e Volume to consume (ml)	\${DispForm3}=2
e Volume to consume (spoons)	\${DispForm3}=2
e What volume of spoon is used for strength?	\${DispForm3}=2
f Unameza mara ngapi kwa siku	
g Utazitumia kwa siku ngapi?	
h Kuna dawa nyingine ambazo ulipewa?	<input type="radio"/> Yes <input type="radio"/> No

	Details of medicine 4
a Brand name	<input type="text"/>
b Name of manufacturer	<input type="text"/>
c Country of manufacturer	<input type="text"/>
d Dosage form	<input type="radio"/> Tablet/pill/capsule <input type="radio"/> Liquid/syrup/drink <input type="radio"/> Cream/topical preparation <input type="radio"/> Other, specify

	Details of medicine 4
Please specify dosage form	<div style="text-align: right;">\${DispForm4}=4</div> <input type="text"/>
Generic name 1	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin

	<input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp1Gen4}=100</div> <input type="text"/>
Strength (mg)	<div style="text-align: right;">\${DispForm4}=1</div>
Strength (mg/ml)	<div style="text-align: right;">\${DispForm4}=2</div>
Strength (specify units)	<div style="text-align: right;">\${DispForm4}=4 or \${DispForm4}=3</div>
Generic name 2	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan

	<ul style="list-style-type: none"> hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydroartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp2Gen4}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm4}=1
Strength (mg/ml)	\${DispForm4}=2
Strength (specify units)	\${DispForm4}=4 or \${DispForm4}=3
Generic name 3	<ul style="list-style-type: none"> <input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine

	<input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<input type="text" value=""/>
Strength (mg)	<input type="text" value=""/>
Strength (mg/ml)	<input type="text" value=""/>
Strength (specify units)	<input type="text" value=""/> or <input type="text" value=""/>
Generic name 4	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin

	<input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp4Gen4}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm4}=1
Strength (mg/ml)	\${DispForm4}=2

Strength (specify units)	<input type="checkbox"/> $\{DispForm4\}=4$ or <input type="checkbox"/> $\{DispForm4\}=3$
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Details of medicine 4	
e Number of pills/tablets/capsules to take at a time	<input type="checkbox"/> $\{DispForm4\}=1$
e Volume to consume (ml)	<input type="checkbox"/> $\{DispForm4\}=2$
e Volume to consume (spoons)	<input type="checkbox"/> $\{DispForm4\}=2$
e What volume of spoon is used for strength?	<input type="checkbox"/> $\{DispForm4\}=2$
f Unameza mara ngapi kwa siku	
g Utazitumia kwa siku ngapi?	
h Kuna dawa nyingine ambazo ulipewa?	<input type="radio"/> Yes <input type="radio"/> No

Details of medicine 5	
a Brand name	<input type="text"/>
b Name of manufacturer	<input type="text"/>
c Country of manufacturer	<input type="text"/>
d Dosage form	<input type="radio"/> Tablet/pill/capsule <input type="radio"/> Liquid/syrup/drink <input type="radio"/> Cream/topical preparation <input type="radio"/> Other, specify

Details of medicine 5	
Please specify dosage form	<input type="checkbox"/> $\{DispForm5\}=4$ <input type="text"/>
Generic name 1	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide

	<input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<input type="text"/> \${Disp1Gen5}=100
Strength (mg)	<input type="text"/> \${DispForm5}=1
Strength (mg/ml)	<input type="text"/> \${DispForm5}=2
Strength (specify units)	<input type="text"/> \${DispForm5}=4 or \${DispForm5}=3
Generic name 2	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin

	<input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<input type="text" value=""/>
Strength (mg)	<input type="text" value=""/>
Strength (mg/ml)	<input type="text" value=""/>
Strength (specify units)	<input type="text" value=""/> or <input type="text" value=""/>

Generic name 3

- herbal (no need to list herbs)
- aceclofenac
- albendazole
- aminophylline
- ammonium chloride
- amodiaquine
- amoxicillin
- ampicillin
- artemether
- artemisinin
- aspirin
- azithromycin
- benzylpenicillin
- bromhexine hydrochloride
- cefadroxil
- cephalexin
- cephalexin monohydrate
- cetirizine
- cetirizine hydrochloride
- chlorpheniramine hydrobromide
- chlorpheniramine maleate
- ciprofloxacin
- clarithromycin
- clavulanic acid/clavulanate potassium
- cloxacillin
- codeine phosphohate
- dextromethorphan hydrobromide
- diclofenac sodium
- dihydoartemisinin
- diphenhydramine
- doxycycline
- erythromycin
- erythromycin stearate
- flucloxacillin
- gentamicin
- guaiphenesin
- ibuprofen
- loratadine
- lumefantrine
- metronidazole
- paracetamol
- penicillin
- piperazine
- potassium clavulanate
- praziquantel
- prednisolone
- pyrimethamin
- quinine
- salbutamol
- sulfadoxine
- sulfamethoxazole
- tarbutaline sulphate

	<input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp3Gen5}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	<div style="text-align: right;">\${DispForm5}=1</div>
Strength (mg/ml)	<div style="text-align: right;">\${DispForm5}=2</div>
Strength (specify units)	<div style="text-align: right;"> \${DispForm5}=4 or \${DispForm5}=3 </div>
Generic name 4	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydroartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin

	<input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp4Gen5}=100</div> <input type="text"/>
Strength (mg)	<div style="text-align: right;">\${DispForm5}=1</div>
Strength (mg/ml)	<div style="text-align: right;">\${DispForm5}=2</div>
Strength (specify units)	<div style="text-align: right;"> \${DispForm5}=4 or \${DispForm5}=3 </div>

	Details of medicine 5
e Number of pills/tablets/capsules to take at a time	<div style="text-align: right;">\${DispForm5}=1</div>
e Volume to consume (ml)	<div style="text-align: right;">\${DispForm5}=2</div>
e Volume to consume (spoons)	<div style="text-align: right;">\${DispForm5}=2</div>
e What volume of spoon is used for strength?	<div style="text-align: right;">\${DispForm5}=2</div>
f Unameza mara ngapi kwa siku	
g Utazitumia kwa siku ngapi?	
h Kuna dawa nyingine ambazo ulipewa?	<input type="radio"/> Yes <input type="radio"/> No

	Details of medicine 6
a Brand name	<input type="text"/>
b Name of manufacturer	<input type="text"/>
c Country of manufacturer	<input type="text"/>
d Dosage form	<input type="radio"/> Tablet/pill/capsule <input type="radio"/> Liquid/syrup/drink <input type="radio"/> Cream/topical preparation <input type="radio"/> Other, specify

	Details of medicine 6
Please specify dosage form	<div style="text-align: right;">\${DispForm6}=4</div> <input type="text"/>

Generic name 1

- herbal (no need to list herbs)
- aceclofenac
- albendazole
- aminophylline
- ammonium chloride
- amodiaquine
- amoxicillin
- ampicillin
- artemether
- artemisinin
- aspirin
- azithromycin
- benzylpenicillin
- bromhexine hydrochloride
- cefadroxil
- cephalexin
- cephalexin monohydrate
- cetirizine
- cetirizine hydrochloride
- chlorpheniramine hydrobromide
- chlorpheniramine maleate
- ciprofloxacin
- clarithromycin
- clavulanic acid/clavulanate potassium
- cloxacillin
- codeine phosphohate
- dextromethorphan hydrobromide
- diclofenac sodium
- dihydroartemisinin
- diphenhydramine
- doxycycline
- erythromycin
- erythromycin stearate
- flucloxacillin
- gentamicin
- guaiphenesin
- ibuprofen
- loratadine
- lumefantrine
- metronidazole
- paracetamol
- penicillin
- piperazine
- potassium clavulanate
- praziquantel
- prednisolone
- pyrimethamin
- quinine
- salbutamol
- sulfadoxine
- sulfamethoxazole
- tarbutaline sulphate

	<input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp1Gen6}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm6}=1
Strength (mg/ml)	\${DispForm6}=2
Strength (specify units)	\${DispForm6}=4 or \${DispForm6}=3
Generic name 2	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydroartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin

	<input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp2Gen6}=100</div> <input type="text"/>
Strength (mg)	\${DispForm6}=1
Strength (mg/ml)	\${DispForm6}=2
Strength (specify units)	\${DispForm6}=4 or \${DispForm6}=3
Generic name 3	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin

	<input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp3Gen6}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm6}=1
Strength (mg/ml)	\${DispForm6}=2
Strength (specify units)	\${DispForm6}=4 or \${DispForm6}=3
Generic name 4	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate

	potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	\${Disp4Gen6}=100 <input type="text"/>
Strength (mg)	\${DispForm6}=1
Strength (mg/ml)	\${DispForm6}=2
Strength (specify units)	\${DispForm6}=4 or \${DispForm6}=3

	Details of medicine 6
e Number of pills/tablets/capsules to take at a time	\${DispForm6}=1
e Volume to consume (ml)	\${DispForm6}=2
e Volume to consume (spoons)	\${DispForm6}=2
e What volume of spoon is used for strength?	\${DispForm6}=2
f Unameza mara ngapi kwa siku	
g Utazitumia kwa siku ngapi?	
h Kuna dawa nyingine ambazo ulipewa?	<input type="radio"/> Yes <input type="radio"/> No

	Details of medicine 7
a Brand name	<input type="text"/>
b Name of manufacturer	<input type="text"/>
c Country of manufacturer	<input type="text"/>
d Dosage form	<input type="radio"/> Tablet/pill/capsule <input type="radio"/> Liquid/syrup/drink <input type="radio"/> Cream/topical preparation <input type="radio"/> Other, specify

	Details of medicine 7
Please specify dosage form	<div style="text-align: right;">\${DispForm7}=4</div> <input type="text"/>
Generic name 1	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydroartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin

	<input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp1Gen7}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm7}=1
Strength (mg/ml)	\${DispForm7}=2
Strength (specify units)	\${DispForm7}=4 or \${DispForm7}=3
Generic name 2	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan

	<ul style="list-style-type: none"> hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydroartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp2Gen7}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm7}=1
Strength (mg/ml)	\${DispForm7}=2
Strength (specify units)	\${DispForm7}=4 or \${DispForm7}=3
Generic name 3	<ul style="list-style-type: none"> <input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine

	<input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydroartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<input type="text"/>
Strength (mg)	<input type="text"/>
Strength (mg/ml)	<input type="text"/>
Strength (specify units)	<input type="text"/>

Details of medicine 7	
e Number of pills/tablets/capsules to take at a time	<input type="text"/>
e Volume to consume (ml)	<input type="text"/>
e What volume of spoon is used for strength?	<input type="text"/>
f Unameza mara ngapi kwa siku	<input type="text"/>

g Utazitumia kwa siku ngapi?	
h Kuna dawa nyingine ambazo ulipewa?	<input type="radio"/> Yes <input type="radio"/> No

	Details of medicine 8
a Brand name	<input type="text"/>
b Name of manufacturer	<input type="text"/>
c Country of manufacturer	<input type="text"/>
d Dosage form	<input type="radio"/> Tablet/pill/capsule <input type="radio"/> Liquid/syrup/drink <input type="radio"/> Cream/topical preparation <input type="radio"/> Other, specify

	Details of medicine 8
Please specify dosage form	<input type="text"/> $\$ \{DispForm8\}=4$
Generic name 1	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihydoartemisinin <input type="radio"/> diphenhydramine

	<input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp1Gen8}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm8}=1
Strength (mg/ml)	\${DispForm8}=2
Strength (specify units)	\${DispForm8}=4 or \${DispForm8}=3
Generic name 2	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalixin <input type="radio"/> cephalixin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin

	<input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp2Gen8}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	<div style="text-align: right;">\${DispForm8}=1</div>
Strength (mg/ml)	<div style="text-align: right;">\${DispForm8}=2</div>
Strength (specify units)	<div style="text-align: right;"> \${DispForm8}=4 or \${DispForm8}=3 </div>
Generic name 3	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin

	<input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen <input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
Please specify generic name	<div style="text-align: right;">\${Disp3Gen8}=100</div> <input style="width: 100px; height: 20px;" type="text"/>
Strength (mg)	\${DispForm8}=1
Strength (mg/ml)	\${DispForm8}=2
Strength (specify units)	\${DispForm8}=4 or \${DispForm8}=3
	Details of medicine 8

e Number of pills/tablets/capsules to take at a time	\${DispForm8}=1
e Volume to consume (ml)	\${DispForm8}=2
e What volume of spoon is used for strength?	\${DispForm8}=2
f Unameza mara ngapi kwa siku	
g Utazitumia kwa siku ngapi?	
h Any more medicines dispensed? If yes give details in notes	<input type="radio"/> Yes <input type="radio"/> No

	\${Prescribed}=1 46i Please give details of medicines prescribed but not dispensed
a Name	<input type="text"/>
b Dosage	<input type="text"/>
c Frequency	<input type="text"/>
d Duration	<input type="text"/>
e Reason not dispensed	<input type="text"/>
f Price if known	
g Were any more medicines prescribed but not dispensed?	<input type="radio"/> Yes <input type="radio"/> No

	\${Pres1More}=1 46ii Please give details of medicines prescribed but not dispensed
a Name	<input type="text"/>
b Dosage	<input type="text"/>
c Frequency	<input type="text"/>
d Duration	<input type="text"/>
e Reason not dispensed	<input type="text"/>
f Price if known	
g Were any more medicines prescribed but not dispensed?	<input type="radio"/> Yes <input type="radio"/> No

	\${Pres2More}=1 46iii Please give details of medicines prescribed but not dispensed
a Name	<input type="text"/>
b Dosage	<input type="text"/>

c Frequency	<input type="text"/>
d Duration	<input type="text"/>
e Reason not dispensed	<input type="text"/>
f Price if known	
g Were any more medicines prescribed but not dispensed?	<input type="radio"/> Yes <input type="radio"/> No

	$\$ \{ \text{Pres3More} \} = 1$ 46iv Please give details of medicines prescribed but not dispensed
a Name	<input type="text"/>
b Dosage	<input type="text"/>
c Frequency	<input type="text"/>
d Duration	<input type="text"/>
e Reason not dispensed	<input type="text"/>
f Price if known	
g Were any more medicines prescribed but not dispensed?	<input type="radio"/> Yes <input type="radio"/> No

	$\$ \{ \text{Pres4More} \} = 1$ 46v Please give details of medicines prescribed but not dispensed
a Name	<input type="text"/>
b Dosage	<input type="text"/>
c Frequency	<input type="text"/>
d Duration	<input type="text"/>
e Reason not dispensed	<input type="text"/>
f Price if known	
g Were any more medicines prescribed but not dispensed?	<input type="radio"/> Yes <input type="radio"/> No

	$\$ \{ \text{Pres5More} \} = 1$ 46vi Please give details of medicines prescribed but not dispensed
a Name	<input type="text"/>
b Dosage	<input type="text"/>

c Frequency	<input type="text"/>
d Duration	<input type="text"/>
e Reason not dispensed	<input type="text"/>
f Price if known	
g Were any more medicines prescribed but not dispensed?	<input type="radio"/> Yes <input type="radio"/> No

	$\${Pres6More}=1$ 46vii Please give details of medicines prescribed but not dispensed
a Name	<input type="text"/>
b Dosage	<input type="text"/>
c Frequency	<input type="text"/>
d Duration	<input type="text"/>
e Reason not dispensed	<input type="text"/>
f Price if known	
g Were any more medicines prescribed but not dispensed?	<input type="radio"/> Yes <input type="radio"/> No

	$\${Pres7More}=1$ 46viii Please give details of medicines prescribed but not dispensed
a Name	<input type="text"/>
b Dosage	<input type="text"/>
c Frequency	<input type="text"/>
d Duration	<input type="text"/>
e Reason not dispensed	<input type="text"/>
f Price if known	
g Were any more medicines prescribed but not dispensed? If yes, please add in notes section	<input type="radio"/> Yes <input type="radio"/> No

	$\${Injections}=1$ 47i Please give details of injection prescribed
a Brand name	<input type="text"/>

b Generic name

- herbal (no need to list herbs)
- aceclofenac
- albendazole
- aminophylline
- ammonium chloride
- amodiaquine
- amoxicillin
- ampicillin
- artemether
- artemisinin
- aspirin
- azithromycin
- benzylpenicillin
- bromhexine hydrochloride
- cefadroxil
- cephalexin
- cephalexin monohydrate
- cetirizine
- cetirizine hydrochloride
- chlorpheniramine hydrobromide
- chlorpheniramine maleate
- ciprofloxacin
- clarithromycin
- clavulanic acid/clavulanate potassium
- cloxacillin
- codeine phosphohate
- dextromethorphan hydrobromide
- diclofenac sodium
- dihydoartemisinin
- diphenhydramine
- doxycycline
- erythromycin
- erythromycin stearate
- flucloxacillin
- gentamicin
- guaiphenesin
- ibuprofen
- loratadine
- lumefantrine
- metronidazole
- paracetamol
- penicillin
- piperazine
- potassium clavulanate
- praziquantel
- prednisolone
- pyrimethamin
- quinine
- salbutamol
- sulfadoxine
- sulfamethoxazole
- tarbutaline sulphate

	<input type="radio"/> trimethoprim <input type="radio"/> Other, specify
c Please specify generic name	<div style="text-align: right;">\${Inj1Gen}=100</div> <input type="text"/>
d Price if known	
e Were any more injections prescribed?	<input type="radio"/> Yes <input type="radio"/> No

	<div style="text-align: right;">\${Inj1More}=1</div> 47ii Please give details of injection prescribed
a Brand name	<input type="text"/>
b Generic name	<input type="radio"/> herbal (no need to list herbs) <input type="radio"/> aceclofenac <input type="radio"/> albendazole <input type="radio"/> aminophylline <input type="radio"/> ammonium chloride <input type="radio"/> amodiaquine <input type="radio"/> amoxicillin <input type="radio"/> ampicillin <input type="radio"/> artemether <input type="radio"/> artemisinin <input type="radio"/> aspirin <input type="radio"/> azithromycin <input type="radio"/> benzylpenicillin <input type="radio"/> bromhexine hydrochloride <input type="radio"/> cefadroxil <input type="radio"/> cephalexin <input type="radio"/> cephalexin monohydrate <input type="radio"/> cetirizine <input type="radio"/> cetirizine hydrochloride <input type="radio"/> chlorpheniramine hydrobromide <input type="radio"/> chlorpheniramine maleate <input type="radio"/> ciprofloxacin <input type="radio"/> clarithromycin <input type="radio"/> clavulanic acid/clavulanate potassium <input type="radio"/> cloxacillin <input type="radio"/> codeine phosphohate <input type="radio"/> dextromethorphan hydrobromide <input type="radio"/> diclofenac sodium <input type="radio"/> dihyrdoartemisinin <input type="radio"/> diphenhydramine <input type="radio"/> doxycycline <input type="radio"/> erythromycin <input type="radio"/> erythromycin stearate <input type="radio"/> flucloxacillin <input type="radio"/> gentamicin <input type="radio"/> guaiphenesin <input type="radio"/> ibuprofen

	<input type="radio"/> loratadine <input type="radio"/> lumefantrine <input type="radio"/> metronidazole <input type="radio"/> paracetamol <input type="radio"/> penicillin <input type="radio"/> piperazine <input type="radio"/> potassium clavulanate <input type="radio"/> praziquantel <input type="radio"/> prednisolone <input type="radio"/> pyrimethamin <input type="radio"/> quinine <input type="radio"/> salbutamol <input type="radio"/> sulfadoxine <input type="radio"/> sulfamethoxazole <input type="radio"/> tarbutaline sulphate <input type="radio"/> trimethoprim <input type="radio"/> Other, specify
c Please specify generic name	<input type="text"/> \${Inj2Gen}=100
d Price if known	<input type="text"/>
g Were any more injections prescribed? If yes, please give details in notes	<input type="radio"/> Yes <input type="radio"/> No

	\${Inhaler}=1 48 Inhaler
a Brand name of inhaler	<input type="text"/>
b Generic name of inhaler	<input type="radio"/> salbutamol <input type="radio"/> Other, specify
c Please specify generic name of inhaler	<input type="text"/> \${InhalerGen}=2
d What advice were you given about taking the inhaler (if any)?	<input type="text"/>

49 Please give details of other treatment(s) suggested/offered	<input type="text"/> \${OtherTreat}=1
50 You have reported a positive test for malaria. Please do an RDT with your supervisor as soon as possible and report the result here	selected(\${MRDTr}, '2') or selected(\${MBSr}, '2') <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Test not done as malaria confirmed and treated within last two weeks <input type="radio"/> Test not done as negative RDT with supervisor yesterday
51 Notes	<input type="text"/>
END	