

**A STUDY TO EVALUATE THE EFFECTIVENESS OF THE “SAFECARE” MODEL
IN TANZANIA**

**STANDARDISED PATIENT SCRIPT
CASE OF URTIa**

Opening statement:

I have a cough and my head and throat hurt

How long have you have these symptoms for?

3 days

Which symptom started first?

They started at the same time

Do you have a fever?

No

Have you take any medications?

No

Do your symptoms get worse at night/change through the day?

No, they are the same at day and night

Did you cough any sputum?

Yes, a little

Is there blood in the sputum?

No

Do you have a running nose?

A little bit

Do you have any sneezing?

Yes

Do you have a blocked nose?

Yes, I feel a bit stuffy

Do you have any allergies?

No

Do you have chest pain?

No.

Have you lost your appetite?

No.

Do you have pain on swallowing?

Yes

Have you had difficulty breathing?

No.

Have you had any wheezing?

No.

Are you losing weight?

No.

Are you having night sweats?

No.

Do you smoke?

No.

Do you drink?

No

Are you allergic to any medicines?

No

Do you have any other problems?

No

When was your last period?

About two weeks ago

Are you/could you be pregnant?

No