

Tally Sheets Cover Form

Provider details, consultation and type of tally sheets

(to be filled in by local research team)

Provider ID (pre-printed) _____		<i>prov.id</i>
Consultation period	Start ___ / ___ / ___ (DD / MM / YY)	End ___ / ___ / ___ (DD / MM / YY)
	<i>start.day/start.month/ start.year/ end.day/end.month/ end.year</i>	
Type of tally sheets	<input type="checkbox"/> 1 – Very Short tally sheets <input type="checkbox"/> 2 – Short tally sheets <input type="checkbox"/> 3 – Long tally sheets	<i>tallytype</i>

Adult consultations

(to be filled in by PHC provider or administrator)

Number of adult consultations during consultation period -----	<i>n.consultations</i>
---	------------------------