

## Supplementary Data

### TB Assessment Forms at the end of successfully completing anti-TB treatment.

#### 1: Country specific details of facilities included and procedures followed in the study

##### 1a: Kenya

##### Description of health facilities

Name of health facility	Level of care	Health care worker cadre involved in assessment
Mbagathi Hospital	Secondary	Clinical Officer, Nurse
Mama Lucy Kibaki Hospital	Secondary	Clinical Officer, Community Health Volunteer
St Mary's Mission Hospital, Langata	Secondary	Clinical Officer
Rhodes Chest Clinic	Primary	Nurse
Riruta Health Centre	Primary	Nurse
Baraka Medical Centre	Primary	Clinical Officer, Nurse

##### Description of procedure

**Height:** The height was measured in metres using SECA 213 Stadiometer (SECA, Germany) or Detecto. The patient was asked to stand without shoes with their back against the stand. The patient was asked to look straight and the height marker placed at the tallest position of the head.

**Weight:** Weight was measured in kilograms in a standing position using a digital scale (SECA 813 flat scale (SECA, Germany) or Detecto) after removal of heavy clothes like jackets and bags.

**Blood Pressure:** An electronic BP machine (Omron) was used. The patient was asked to rest for at least 5 minutes and not to smoke for at least 30 minutes. The patient was asked to sit on a chair, with their arm at heart level. An appropriate cuff was selected and blood pressure was measured on the right arm. Systolic and diastolic blood pressures were recorded in mmHg. Any patient with systolic blood pressure (SBP)  $\geq 140$  mmHg and/or diastolic blood pressure (DBP)  $\geq 90$  mmHg was reassessed after a 5-minute rest and the second reading was recorded.

**Blood Glucose:** All sites were issued with an AccuChek Instant Glucometer. Random blood glucose (RBG) was measured at the clinic during the assessment by the attending clinician. Blood drawn from a finger prick made under sterile conditions was directly placed on the glucostrip connected to the machine and the RBG recorded in mmol/L. Any patient found to have RBG  $\geq 7$  mmol/l was asked to return to the health facility early the next morning before breakfast for a Fasting Blood Glucose measurement.

**6-Minute Walk Test (6MWT):** In all the sites, the Health Care Provider (HCP) identified a relatively straight stretch within the facility that was not crowded. The distance along this stretch was measured in meters. The patient was asked to walk back and forth (alone or accompanied by the HCP) at a comfortable pace along this stretch for 6 minutes. The HCP kept a tally of the number of times the patient walked back and forth over 6 minutes and the distance walked by each patient was determined by multiplying this number with the distance of the track. The time walked was measured using a Stopwatch (available in downloadable Apps) or recording the starting and stopping time on the phone.

## Referral mechanism

Referral for	Referred to
HIV	ART clinic within the facility
Diabetes mellitus/ hyperglycemia	Primary facilities: General OPD in same facility Secondary facilities: Diabetes Clinic in the medical OPD in same facility
High blood pressure	Primary facilities: General OPD in same facility Secondary facilities: Hypertension Clinic in the medical OPD in same facility
Mental health disorder	Nearest Psychiatry Unit (outside the facility)
Tobacco smoking	Nearest Psychiatry Unit (outside the facility)
Probable alcohol dependence	Nearest Psychiatry Unit (outside the facility)
Occupational exposure to silica	Kenyatta National Hospital (outside the facility)
Recreational drug use	Nearest Psychiatry Unit (outside the facility)
Malnutrition	Nutritional Unit within the facility
Disability (6MWT<400 metres)	Kenyatta National Hospital (outside the facility)

\*Referrals were done using referral slips. ART = antiretroviral therapy; OPD = out-patient department

## 1b: Uganda

### Description of health facilities

Name of health facility	Level of care	Health care worker cadre involved in assessment
Mulago National Referral Hospital	Tertiary	Medical officer, Nurse and Community linkage facilitator
Rubaga Hospital	Tertiary	Nurse, Clinical officer
Naguru Regional Referral Hospital	Tertiary	Nurse, Clinical officer
Kiswa Health Centre III	Primary	Nurse
Kisenyi Health Centre IV	Primary	Nurse
Kawaala Health Centre IV	Primary	Clinical officer, Nurse
Kitebi Health Centre III	Primary	Nurse

### Description of procedures

**Height:** The standing height was measured in metres without shoes using RGZ-120 Height and Weight Scale (Jiangsu Suhong Medical Instruments Co.,Ltd China). The patient was asked to stand without shoes with their back against the stand. The patient was asked to look straight and the height marker was placed at the tallest position of the head.

**Weight:** Weight was measured in kilograms in a standing position using a digital scale (RGZ-120 Height and Weight Scale, Jiangsu Suhong Medical Instruments Co.,Ltd China) after removal of heavy clothes like jackets and bags.

**Blood Pressure:** The patient was seated, rested for five minutes with arms rested on a surface at the same level of the measuring device. The blood pressure taken on the left arm using the Edan digital machine. Any patient with systolic blood pressure (SBP)  $\geq 140$  mmHg and/or diastolic blood pressure (DBP)  $\geq 90$  mmHg was reassessed after a 5-minute rest, and the second reading was recorded. BP machines were procured and provided to five facilities as part of the study.

**Blood Glucose:** The finger of the participant was cleaned and a blood sample obtained by pricking the finger with a sterile lancet. A drop of blood was obtained and placed on the glucostrip of the glucometer (OneTouch Select Simple or Contour Plus). Any patient found to have a random blood glucose (RBG)  $\geq 7$  mmol/l was requested to return to the health facility early the next morning before breakfast for a fasting blood glucose (FBG). Glucometers were procured and provided to three facilities as part of the study. The glucostrips were procured and provided to all facilities as part of the study.

**6-minute walk test (6MWT):** In all the sites, a straight non-crowded space was identified and the length measured in metres (see table below). The participant was instructed to walk back and forth along the measured track for 6 minutes and the distance covered recorded in metres. The time walked was measured using a Stopwatch on a mobile phone. At the end of the 6 minutes, the distance walked by the participant was measured by multiplying the number of times the patient walked a complete 30 meters. If the distance at the end of 6 minutes was less than 30 meters, then the exact distance was measured by a tape measure, and added to the total of the completed 30 meters distance.

Health Facility	Measured track (in metres)
Kisenyi Health Centre IV	20
Kitebi Health Centre III	30
Naguru Regional Referral Hospital	30
Rubaga Hospital	40
Kiswa Health Centre III	40
Kawaala Health Centre III	35
Mulago National Referral hospital	30

### Referral mechanism

Referral for	Referred to
HIV	ART Clinic within facility
Diabetes mellitus/ hyperglycemia	Tertiary facilities: Diabetes Clinic within the facility Primary facilities: General Medical OPD within the facility
High blood pressure	Tertiary facilities: Hypertension Clinic within the facility Primary facilities: General Medical OPD within the facility
Mental health disorder	National Psychiatric Hospital (Butabika), outside the facilities
Tobacco smoking	National Psychiatric Hospital (Butabika), outside the facilities
Probable alcohol dependence	National Psychiatric Hospital (Butabika), outside the facilities

Occupational exposure to silica	Mulago Lung Institute Clinic, outside the facilities
Recreational drug use	National Psychiatric Hospital (Butabika), outside the facilities
Malnutrition	Nutritional Clinic within facility
Disability (6MWT<400 metres)	Mulago Lung Institute Clinic, outside the facilities

\*Referrals were done using referral slips; ART = antiretroviral therapy; OPD = out-patient department

## **1c: Zambia**

### **Description of health facilities**

<b>Name of health facility</b>	<b>Level of care</b>	<b>Health care worker cadre involved in assessment</b>
University Teaching Hospital (UTH)	Tertiary	Nurse, Medical officer
Chipata First Level	Secondary	Nurse
Matero First Level	Secondary	Nurse, Clinical officer
Chipata First Level	Secondary	Nurse, Clinical officer
Chawama First Level	Secondary	Nurse, Clinical officer
Chilenje First Level	Secondary	Nurse

### **Description of procedures**

**Height:** The standing height was measured in metres using SECA 213 Stadiometer (SECA, Germany). The patients was asked to stand without shoes with their back against the stand. The patient was asked to look straight and the height marker placed at the tallest position of their head.

**Weight:** Weight was measured in kilograms in a standing position using an analogue scale (Prestige, Hardik Medi Tek, India) after removal of heavy clothes like jackets and bags.

**Blood Pressure:** Arm blood pressure was measured in mmHg with the patient sitting comfortably on a chair with the back supported using an automatic digital equipment (CITIZEN CH 432, Citizen, Japan). Any patient with a systolic blood pressure (SBP)  $\geq 140$  mmHg and/or diastolic blood pressure (DBP)  $\geq 90$  mmHg was reassessed after a 5-minute rest, and the second reading was recorded.

**Blood glucose:** Random blood glucose (RBG) was measured by finger prick using ACCUCHECK by Roche. Any patient with RBG  $\geq 7$  mmol/L was requested to come the following morning for fasting blood glucose (FBG) measurement. Glucostrips were procured and provided to all facilities as part of the study.

**6-minute walk test (6MWT):** Using a tape, a 30-meters distance was measured between two points in a straight line. The patient was instructed on the 6MWT and its objective. The patient was then requested to walk from one point to the next point and to continue walking to-and-fro for 6 minutes. A timer using a watch, or a mobile phone, was used to measure the 6 minutes. At the end of the 6 minutes, the distance walked by the patient was measured by multiplying the number of times the patient walked a complete 30 meters. If the distance at the end of 6 minutes was less than 30 meters, then the exact distance was measured by a tape measure, and added to the total of the completed 30 meters distance.

## Referral mechanism

Referral for	Referred to
HIV	ART clinic within the facility
Diabetes mellitus/ hyperglycemia	UTH: Endocrinology Unit of UTH Other facilities: General Medical Clinic in same facility
High blood pressure	UTH: Cardiology Unit Other facilities: General Medical Clinic in same facility
Mental health disorder	UTH: Psychiatry Unit Other facilities: Mental health practitioner in the same facility
Tobacco smoking	UTH: Psychiatry Unit Other facilities: Mental health practitioner in the same facility
Probable alcohol dependence	UTH: Psychiatry Unit Other facilities: Mental health practitioner in the same facility
Occupational exposure to silica	UTH: Respiratory Unit at UTH Other facilities: Respiratory Unit at UTH (outside facility)
Recreational drug use	UTH: Psychiatry Unit Other facilities: Mental health practitioner in the same facility
Malnutrition	Nutritional Unit within the facility
Disability (6MWT<400 metres)	UTH: Respiratory Unit at UTH Other facilities: Respiratory Unit at UTH (outside facility)

\*Referrals were done using referral slips; ART = antiretroviral therapy

## 1d: Zimbabwe

### Description of health facilities

Name of health facility	Level of care	Health care worker cadre involved in assessment
Mabvuku Polyclinic	Primary	Nurse, Environmental Health Technician (EHT)
Rujeko Polyclinic	Primary	Nurse, EHT
Hopely Polyclinic	Primary	Nurse, EHT
Glenview Polyclinic	Primary	Nurse, EHT
Kuwadzana Polyclinic	Primary	Nurse, EHT
Mbare Polyclinic	Primary	Nurse, EHT
Beatrice Road Infectious Disease Hospital	Secondary	Nurse, EHT

### Description of procedures:

**Height:** All health facilities used a moveable height board to measure the patient's height. The patient was asked to stand with their back against the board, which was fixed next to a vertical wall. The patient was asked to look straight and the height marker was placed at the tallest position of the head. The height was recorded in centimetres.

**Weight:** Weight was measured in kilograms using an electronic weight scale (SECA 813) after removing shoes and heavy clothing and any heavy belongings.

**Blood Pressure:** An electronic BP machine (Omron or AND Medical) was used. The patient was asked to rest for at least 5 minutes and not to smoke for at least 30 minutes. The patient was asked to sit on a chair, with their arm at heart level. An appropriate cuff was selected and the blood pressure was measured on the right arm. Systolic and diastolic blood pressure was recorded in mmHg. Any patient with systolic blood pressure (SBP)  $\geq 140$  mmHg and/or diastolic blood pressure (DBP)  $\geq 90$  mmHg was reassessed after a 5-minute rest, and the second reading was recorded. BP machines were procured and provided to five facilities as part of the study.

**Blood Glucose:** All sites used a capillary blood sample that was tested on a glucose test strip (Codefree) for random blood glucose (RBG). The patient's finger was swabbed using an alcohol swab, then pricked using a lancet. Blood drawn was directly placed on the glucostrip connected to a machine and the RBG was recorded in mmol/L. Any patient with RBG  $\geq 7$  mmol/L was requested to return the following morning for fasting blood glucose (FBG) measurement. Glucometer machines were procured as part of the study and distributed to six health facilities.

### Referral mechanism

Referral for	Referred to
HIV	OI/ART department within the facility
Diabetes mellitus/ hyperglycemia	Tertiary facilities (Sally Mugabe Central Hospital or Parirenyatwa Group of Hospitals), outside the facility
High blood pressure	Tertiary facilities (Sally Mugabe Central Hospital or Parirenyatwa Group of Hospitals), outside the facility
Mental health disorder	Friendship Bench in the same facility
Tobacco smoking	Friendship Bench in the same facility
Probable alcohol dependence	Friendship Bench in the same facility
Occupational exposure to silica	Tertiary facilities (Sally Mugabe Central Hospital or Parirenyatwa Group of Hospitals), outside the facility
Recreational drug use	Friendship Bench in the same facility
Malnutrition	Nutritional Unit in the same facility
Disability (6MWT<400 metres)	Tertiary facilities (Sally Mugabe Central Hospital or Parirenyatwa Group of Hospitals), outside the facility

\*Referrals were done using referral slips; OI- opportunistic infection; ART= antiretroviral therapy

**Table S1. Sample of the data collection proforma at end of anti-TB treatment**

Country: ZAMBIA	Name of the TB Centre:	Form number:
<b>I. INITIAL ASSESSMENT</b>		
TB Registration Number		
Phone number of patient		
Phone number of next of kin		
Date of registration for TB treatment		
A. Age (in completed years)		
B. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	
C. Living community	<input type="checkbox"/> Urban <input type="checkbox"/> Rural	
D. Diagnosis	<input type="checkbox"/> Pulmonary TB <input type="checkbox"/> Extra pulmonary TB	
E. Type of TB	<input type="checkbox"/> Bacteriologically confirmed <input type="checkbox"/> Clinically diagnosed	
F. Category of TB	<input type="checkbox"/> New <input type="checkbox"/> Re-treatment	
G. Drug-susceptibility	<input type="checkbox"/> DS <input type="checkbox"/> INH-R <input type="checkbox"/> RR <input type="checkbox"/> MDR <input type="checkbox"/> Pre-XDR/XDR	
Date of Assessment (dd/mm/yy)		
Start time of assessment (HH:MM)		
<b>SYMPTOMS, COMORBIDITIES, DETERMINANTS</b>		
H. On a scale of 1 to 5 where 1 is very bad and 5 is very good, how would you rate your overall health today?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
I. Do you have any symptoms? (Tick all that apply)	<input type="checkbox"/> No symptoms <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Tiredness/Fatigue <input type="checkbox"/> Chest pain <input type="checkbox"/> Others (Specify): _____	
J. What is your HIV-status?	<input type="checkbox"/> HIV-positive; <input type="checkbox"/> HIV-negative; <input type="checkbox"/> Unknown	
K. If HIV positive, are you currently in HIV care at ART centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. Do you have Diabetes Mellitus (DM)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
M. If known DM, are you availing care for DM from a health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N. Do you have chronic kidney disease (CKD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
O. If known CKD, are you availing care for CKD from a health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P. Do you have Hypertension (HTN)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Q. If known HTN, are you availing care for HTN from a health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
R. Do you have a diagnosed mental health (MH) issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
S. If known MH, what is the mental health issue?	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Others (Specify): _____	
T. If known MH, are you availing care for MH from a health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
U. Over the last 2 weeks, how often have you been bothered by the following problems (a and b)?		
a) Little interest or pleasure in doing things	<input type="checkbox"/> Not at all-0 <input type="checkbox"/> Several days-1 <input type="checkbox"/> More than half the days-2 <input type="checkbox"/> Nearly every day-3	
b) Feeling down, depressed or hopeless	<input type="checkbox"/> Not at all-0 <input type="checkbox"/> Several days-1 <input type="checkbox"/> More than half the days-2 <input type="checkbox"/> Nearly every day-3	
c) Whether PHQ2 score is 3 or higher (Ua+Ub)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Whether you smoked tobacco anytime in last one month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W. If yes how many cigarettes per day?		

X. How often did you have a drink containing alcohol in the last one year?	<input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2 to 4 times a month <input type="checkbox"/> 2 to 3 times a week <input type="checkbox"/> 4 or more times a week
Please fill the CAGE(a to e) questions if the response is not 'Never' for X	
a) Have you ever felt you should cut down on your drinking?	<input type="checkbox"/> Yes -1 <input type="checkbox"/> No -0
b) Have people annoyed you by criticizing your drinking?	<input type="checkbox"/> Yes -1 <input type="checkbox"/> No -0
c) Have you ever felt bad or guilty about your drinking?	<input type="checkbox"/> Yes -1 <input type="checkbox"/> No -0
d) Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?	<input type="checkbox"/> Yes -1 <input type="checkbox"/> No -0
e) Whether CAGE score is 2 or higher (Xa+Xb+Xc+Xd)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Y. Do you have occupational exposure to silica dust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Z. Do you use recreational drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AA. If Yes to X, please specify the names of the drug (s)?	
<b>PHYSICAL EXAMINATION</b>	
1. Height (in meters)	
2. Weight (in kg)	
3. Is BMI less than 18.5 kg/m <sup>2</sup> ? (BMI= Weight/Height <sup>2</sup> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Systolic Blood pressure (SBP in mm Hg)	
5. Diastolic Blood Pressure (DBP in mm Hg)	
6. Is Blood Pressure elevated (SBP≥140 OR DBP≥90)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 6-MINUTE WALK TEST (6MWT)	
a) Test done	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If No, reason for not being able to do the test	
c) Meters walked in 6-minutes	
d) Was the 6MWT less than 400 meters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Time at the end of physical examination (HH:MM)	
<b>INVESTIGATIONS</b>	
9. Whether Random Blood Glucose (RBG) done?	<input type="checkbox"/> Yes, at assessment station <input type="checkbox"/> Yes, at lab <input type="checkbox"/> No
10. Random Blood Glucose (RBG) level (mmol/l)	
11. Whether RBG≥7.0 mmol/l?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If RBG≥7.0 mmol/l, whether Fasting Blood Glucose (FBG) done?	<input type="checkbox"/> Yes, at assessment station <input type="checkbox"/> Yes, at lab <input type="checkbox"/> No
13. Fasting Blood Glucose (FBG) level (mmol/l)	
14. Whether FBG≥7.0 mmol/l?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Whether serum creatinine was done?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Serum Creatinine level (in ug/l)	
17. Whether serum creatinine >120 ug/l?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DURATION AND FEASIBILITY</b>	
18. End time including time taken to do random blood glucose (HH:MM) Exclude time taken for serum creatinine test	
<b>HEALTH CARE PROVIDER INFORMATION</b>	
19. What is your job title?	<input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Physician assistant <input type="checkbox"/> Clinical officer <input type="checkbox"/> Others(specify)_____
20. As a care provider, do you feel the assessment was <u>feasible</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. If No, reason?	
22. As a care provider, do you feel the assessment was <u>useful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. If No, reason?	



**Table S2**

Form Number:

**II. Referral to care and support**

	A. Requires referral	B. If Yes for A, Whether Referred?	C. If referred, was referral within the same facility?	D. If No for B, Reason*	Telephonic follow-up after referral	
					E. If referred, started care?	F. If No for E,
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Illitus care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
n care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
h care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
oking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ng alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
silica	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
lency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
upport	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
y Rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*a) Service not available in the facility or nearby facility; b) Patient not willing; c) Others-specify