



REPUBLIC OF KENYA
MINISTRY OF HEALTH

CERVICAL CANCER SCREENING AND
TREATMENT REGISTER

County	
Sub-county	
Health facility	
Start date	
End date	

Instructions to complete the Cervical Cancer Screening and Treatment Register: MOH ...

Column	Column Head	Data Definition/Clarification
Client Details		
a)	S/No	It is an identification number given to the client on the 1 st day / attendance. It is facility specific e.g. 1, 2, 3 etc.
b)	Visit Date	Record the actual date the client visits the health facility (Record as DD:MM:YY)
c)	Visit Type	Record the visit type e.g. 1. Initial screening 3. Post treatment screening 5. Post-treatment Complications 2. Routine screening 4. Treatment visit
d)	Client Number	The Cervical Cancer Screening and Treatment number given to New Clients visiting any health facility for the first time. It is given only once for the client and it should be used throughout one’s life time when visiting any hospital / facility.
e)	Client Name	Record the clients THREE NAMES e.g. Christine Apondi Ojwang
f)	Client’s Phone Number	Record the client’s phone number
g)	Client’s Age	Record the client’s age e.g. <25; 25-49 and 50 and above
h)	Location / Residence	This refers to client’s residential location / village / estate
i)	Treatment Supporter’s Phone Number	Record the client’s treatment supporter’s phone number
Screening Methods and Results		
j)	VIA/VILI	Record if VIA/VILI was done. Specify in writing whether “VIA” or “VILI” was done in the space provided
k)	Pap Smear	Record if pap smear was done. (ü) Tick if done and (X) if not done
l)	HPV Test	Record HPV Test 1. Negative 2. Positive
Intermediary Test Results		
m)	Colposcopy	Record Colposcopy results as follows: 1. Satisfactory 3. Normal 5. Leukplakia 7. Abnormal 2. Unsatisfactory 4. Acetowhite 6. Puncation
n)	Cervicography	Record Cervicography results: 1. Satisfactory 3. Normal 5. Leukplakia 7. Abnormal 2. Unsatisfactory 4. Acetowhite 6. Puncation
o)	Eligible for Cryotherapy	
	Yes	Record “Yes” if the client is eligible for cryotherapy treatment
	No	Record “No” if the client is not eligible for cryotherapy treatment
p)	HIV Status	The health care worker should Record client’s HIV status: 1. Negative 3. Unknown 2. Positive
Treatment and Referral		
q)	Pre-cancer Treatment	The health care worker should record pre-cancer treatment options provided to the client e.g. 1. Cryotherapy SVA 3. Cryotherapy referred 5. LEEP SVA 7. LEEP Referred 2. Cryotherapy postponed 4. Previous postponed cryotherapy done today 6. LEEP postponed 8. Other (specify e.g. Hysterectomy, canbiopsy
r)	Reason for Referral	The health care worker should indicate the purpose for referral if the client is referred within and outside the health facility for example: 1. No cryotherapy equipment 3. Suspicious for Cancer 2. Lesion not eligible for cryotherapy 4. Other gynecological problem (specify)
s)	Follow up Date	The health care worker records the date when the client is expected/supposed to come back to the facility
	Remarks (call client for follow up, return post treat-ment screening communicate with the referral site)	Any comments for the individual client e.g. call client for follow up, return post treatment screening communicate with the referral site