

### Pre-test-Handwashing Skill Evaluation Sheet

Participant code: \_\_\_\_\_

1. Is hot water present at handwashing station?                      Yes / No

2. Is soap available at handwashing station?                      Yes / No

3. What kind of towel is available?

Paper / Cotton / None / Other (please specify : \_\_\_\_\_)

4. Is hand sanitizer available at handwashing station?      Yes / No

5. How long was the handwashing session?

Open ended: \_\_\_\_\_

<b>Step 1</b>	<input type="checkbox"/> <b>Wet hands</b> [ ] All (2) [ ] Partial (1)	<input type="checkbox"/> <b>Apply soap (2)</b>	<input type="checkbox"/> <b>Lather</b> [ ] Vigor (2)    [ ] Three (2) [ ] Min (1)     [ ] Two (1) [ ] One (0)		<input type="checkbox"/> <b>Rinse</b> [ ] All (2) [ ] Parts (1)	<input type="checkbox"/> <b>Dry (towel)</b>
<b>Points</b>	_____					
<b>Step 2</b>	<input type="checkbox"/> <b>Wet hands</b> [ ] All (2) [ ] Partial (1)	<input type="checkbox"/> <b>Apply soap (2)</b>	<input type="checkbox"/> <b>Lather</b> [ ] Vigor (2)    [ ] Three (2) [ ] Min (1)     [ ] Two (1) [ ] One (0)		<input type="checkbox"/> <b>Rinse</b> [ ] All (2) [ ] Parts (1)	<input type="checkbox"/> <b>Dry (towel)</b> [ ] All (2) [ ] Most (1)
<b>Points</b>		_____				
<b>Step 3</b>	<input type="checkbox"/> <b>Wet hands</b> [ ] All (2) [ ] Partial (1)	<input type="checkbox"/> <b>Apply soap (2)</b>	<input type="checkbox"/> <b>Lather</b> [ ] Vigor (2)    [ ] Three (2) [ ] Min (1)     [ ] Two (1) [ ] One (0)		<input type="checkbox"/> <b>Rinse</b> [ ] All (2) [ ] Parts (1)	<input type="checkbox"/> <b>Dry (towel)</b> [ ] All (2) [ ] Most (1)
<b>Points</b>			_____			
<b>Step 4</b>	<input type="checkbox"/> <b>Wet hands</b> [ ] All (2) [ ] Partial (1)	<input type="checkbox"/> <b>Apply soap (2)</b>	<input type="checkbox"/> <b>Lather</b> [ ] Vigor (2)    [ ] Three (2) [ ] Min (1)     [ ] Two (1) [ ] One (0)		<input type="checkbox"/> <b>Rinse</b> [ ] All (2) [ ] Parts (1)	<input type="checkbox"/> <b>Dry (towel)</b> [ ] All (2) [ ] Most (1)
<b>Points</b>					_____	
<b>Step 5</b>	<input type="checkbox"/> <b>Wet hands</b> [ ] All (2) [ ] Partial (1)	<input type="checkbox"/> <b>Apply soap (2)</b>	<input type="checkbox"/> <b>Lather</b> [ ] Vigor (2)    [ ] Three (2) [ ] Min (1)     [ ] Two (1) [ ] One (0)		<input type="checkbox"/> <b>Rinse</b> [ ] All (2) [ ] Parts (1)	<input type="checkbox"/> <b>Dry (towel)</b> [ ] All (2) [ ] Most (1)
<b>Points</b>						_____
<b>Total points:</b>						
<b>Observations:</b>						

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