



THE REPUBLIC OF UGANDA

UGANDA SERVICE DELIVERY INDICATOR (USDI)

HEALTH QUESTIONNAIRE

Module H2 – Staff Roster



Cover Sheet: Facility Information

Note: Please write all response clearly using CAPITAL LETTERS ONLY!

Facility Information					
2.	District		Number (see code)		_ _ _
3.	Health Sub District				_ _ _
4.	County/Municipality		Number (see code)		_ _
5.	Sub-County/Division/Town Council				_ _ _
6.	Parish				_ _ _
7.	Health facility name		Name		
8.	Health facility code		Number (see code)		_ _ _ _ _
9.	Is the facility rural or urban?		Rural = 1 Urban = 2		_
10.	GPS Position	Circle one: N/ S _ _ ° _ _ ' _ _ . _ _ "		E _ _ ° _ _ ' _ _ . _ _ "	
Enumerator Information					
First Visit					
11.	Date of 1 st visit	Day/Month/Year (e.g. 15 /04/2013)			_ _ / _ _ / 2 0 1 3
12.	Enumerators doing 1 st visit	Name/Code			
13.	Arrival time for 1 st visit	Time in 24 hr. format (e.g. 07:30)			_ _ : _ _
14.	Departure time for 1 st visit	Time in 24 hr. format (e.g. 13:30)			_ _ : _ _
Second Visit					
15.	Date of 2 nd visit	Day/Month/Year (e.g. 15 /04/2013)			_ _ / _ _ / 2 0 1 3
16.	Enumerators doing 2 nd visit	Name/Code		Name/Code	
Supervision Information					
17.	Verification by supervisor	Survey Result		Result	Date
		Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_	_ _ / _ _ / 2 0 1 3

Module 1: Staff Roster
Section A: Facility First Visit

Enumerator: Identify the most senior staff in charge present at the time of the survey. Ask to see staff/personnel records if available. Please allow me to ask you a few questions about the employees in this facility.

General Information

200	How many health workers are employed in this facility?	_ _ _
201	How many non-health workers are employed in this facility?	_ _ _

Roster

Please allow me to ask you a few questions about each health worker who works in this facility starting with you. Could you give me the name of the employee in the various categories starting with the doctors or clinical officers?

		202.		203.	204.	205.	206.	207.	208.	209.
	HW ID	First last names		Cadre	Gender	Age	Does (_)regularly attend to patients (at least weekly)	Is (__) currently in the facility?	Reason for absence	Sampled HW?
		First Name	Last Name	(See Codes)	Male = 1 Female =2	Number	Yes = 1 No = 2	Yes = 1 → NEXT No = 2	(See Code)	Yes = 1 No = 2
a.	(1)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_
b.	(2)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_
c.	(3)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_
d.	(4)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_
e.	(5)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_
f.	(6)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_
g.	(7)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_
h.	(8)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_
i.	(9)	_ _ _	_ _ _	_ _	_	_ _	_	_	_ _ _ _	_

j.	(10)	_____ _____ -	 _____					_____	
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STRICTLY CONFIDENTIAL

	HW ID	First and last names		Cadre (See Codes)	Gender Male = 1 Female = 2	Age Number	Does () regularly attend to patients (at least weekly)	Is () currently in the facility?	Reason of absence (See Code)	Sample d HW Yes = 1 No = 2
		First Name	Last Name				Yes = 1 No = 2	Yes = 1 → NEXT No = 2		
k.	(11)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
l.	(12)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
m.	(13)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
n.	(14)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
o.	(15)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
p.	(16)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
q.	(17)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
r.	(18)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
s.	(19)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
t.	(20)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
u.	(21)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
v.	(22)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
w.	(23)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
x.	(24)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_
y.	(25)	_____	_____	_ _ _ _____	_	_ _ _	_	_	_ _ _ _____	_

Module 1: Staff Roster

Section B: Facility Second Visit

Enumerator: Record the 10 randomly selected health worker staff in the table below, along with each of their details. Ask a staff member in the facility to help you identify each health worker on the list and record their presence or absence in the facility. Make sure to observe each staff in the facility yourself.

Roster

210.		211.	212.	213.	214.	215.	216.	217.	
		Serial Number in the Roster (HW ID)	Cadre	Gender	Is () currently in the facility?	Reason of absence	Current Activity	Did you experience a delay in receiving your last salary?	
	First Name	Last Name	Serial Number	(See Codes after the table)	Male = 1 Female = 2	Yes = 1, No = 2 (IF 2 → NEXT)	(See Codes after the table)	(See Code) after the table)	Yes = 1, No = 2
a.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
b.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
c.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
d.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
e.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
f.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
g.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
h.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
i.	_____	_____	_ _	_ _	_	_	_ _	_ _	_
j.	_____	_____	_ _	_ _	_	_	_ _	_ _	_

Instructions for the selection of the agents for Module 2 Section II and Module 3: Select randomly 10 medical staff within the roster above (except those on “other shift” or “transferred”), or all if there are less than 10 medical staff employed.

In addition, if there are more than 25 medical staff working at the facility (including the respondent), the first 25 should be listed in the table above.

Cadre codes	Reason of the absence	Current Activity
In charge = 1 Specialist = 2 Medical Officer = 3 Clinical Officer = 4 BSc Nurse = 5 Registered Nurse = 6 Enrolled Nurse = 7 Comprehensive Nurse = 8 Registered Midwife = 9 Enrolled Midwife = 10 Nurse Aide = 11 Public Health Officer (PHO)=12 Dentist=13 Pharmacist=14 Laboratory Technician/ Technologist=15 Other (specify)= 16	Sick/maternity = 1 In training/seminar = 2 Official mission = 3 Approved absence = 4 Not his/her shift = 5 Doing fieldwork = 6 Not approved Absence = 7 Gone to retrieve salary = 8 On strike = 9 Outreach=10 Other (to specify)= 11	Providing Consultation (face-to face patient care) = 1 Reviewing or writing in cart = 2 Completing encounter form or billing sheet = 3 Waiting for patient to undress = 4 Arranging for tests or consultations = 5 Writing a prescription = 6 Getting materials or equipment for consultation = 7 Consultation with other physician or staff = 8 Interpreting laboratory work or radiographs = 9 Looking up medical information = 10 Performing laboratory work = 11 Completing forms = 12 Telephone call from/to patient or family members = 13 Checking schedule = 14 Finding missing or pending laboratory information, radiographs or charts = 15 Looking up allowed referrals = 16 Immunizing children=17 Other (specify) = 18