

# HOSPITAL STAFF ROSTER

## Cover Page

Q1: Facility ID	Q2: Facility Name		Q5: Result
Q3: Observer number	Q4a: Today's date (DD/MM/YYYY) __ __ / __ __ / __ __ __ __	Q4b: Time the observation started (HH:MM) __ __ : __ __ AM/PM	<input type="checkbox"/> Interview done <input type="checkbox"/> Person in charge refused interview <input type="checkbox"/> Partially completed <input type="checkbox"/> Person in charge is out

**Observer:** Administer the questionnaire to the head of the service concerned by each section, or to human resources, or to the best informed staff member.

This questionnaire concerns all clinical staff from the Pediatric (Peds) services (section 1), Obstetrics/Gynecology (OB/GYN) services (section 2), the Operating theater (OR) services (section 3), and the emergency (ER) services (section 4).

The questionnaire concerns only clinical staff: administrative support staff should not be included in this questionnaire.

The questionnaire must include all clinical staff, whether temporary or permanent, whether present or not present on the day of interview.

## HOSPITAL STAFF ROSTER

Section 1: Pediatric services staff									
ID Code	Q101	Q102	Q103	Q104		Q105	Q106		
	<b>Observer:</b> For each staff, ask all the questions of this section, then move to next staff. If there is additional staff that is not listed here, add them in a separate line. If there are more than 30 staff, use a new questionnaire and correct next staff identifiers to start at PE31.	Is [NAME] currently employed in this service? <b>Observer:</b> If No and not last provider listed → <b>Next provider</b> If No and last provider listed → <b>Q120</b>	Is [NAME] male or female?	<b>Observer:</b> Who is responding to these questions?  Self 01 Peds Head 02 HR 03 Colleague 04 Other 96		How old is [NAME]?	What is the highest academic qualification that [NAME] obtained?		
							Primary education certificate		01
							Secondary education certificate		02
							Diploma		03
							Associate of Arts Degree		04
							Certificate		05
							Certificate of Specialty		06
							License		07
							Bachelors in Science degree		08
							Bachelors in Arts degree		09
Masters degree		10							
Doctoral degree		11							
Post Graduate Degree		12							
Post-Doctoral Degree		13							
No education		14							
Other, specify		96							
FULL NAME		Yes .....1 No .....0	Male.....01 Female...02						
PE01									
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## HOSPITAL STAFF ROSTER

Section 4: Pediatric services staff (continued)						
	Q107		Q108			
ID Code	What is the title of [NAME] as a result of his/her highest academic qualifications?		What is [NAME]'s position in this hospital?			
	Certified Midwife	01	Screeener	01	Supervisor	17
	Registered Nurse	02	Midwife/Certified midwife	02	Chief of medical staff /	18
	Registered Nurse / Certified Midwife	03	Nurse midwife	03	Medical director	
	Ophthalmic Registered Nurse	04	Midwife supervisor	04	County health officer	19
	Anesthetist Registered Nurse	05	Nurse aide	05	General Practitioner	20
	Licensed Practical Nurse	06	Nurse/Registered nurse	06	Medical Doctor	21
	Associate Degree Nurse	07	Staff nurse	07	Surgeon	22
	Bachelors of Science Nurse	08	Assistant head nurse	08	Pediatrician	23
	Physician Assistant	09	Head nurse/Charge	09	OB/GYN Specialist	24
	Medical Doctor	10	nurse/Nurse supervisor		Other, specify	96
	Specialist	11	Nurse anesthetist	10		
	Other, specify	96	Nurse ophthalmic	11		
			Scrub nurse	12		
			Physician Assistant	13		
			OR aide	14		
			OR technician	15		
			Assistant Supervisor	16		
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## HOSPITAL STAFF ROSTER

Section 4: Pediatric services staff (continued)								
	Q109	Q110	Q111	Q112	Q113	Q114	Q115	Q116
ID Code	What year did [NAME] receive his/her highest qualification?	What is the year of hiring of [NAME] at this hospital?	What is the gross salary of [NAME] according to the contract or agreement with the employer? Please indicate if it is in USD or LBD. <b>Observer:</b> fill out Q110 and Q111 simultaneously line by line	<b>Observer:</b> Fill out the currency unit of the salary.	How many days per week does [NAME] usually work at this health facility?	How many hours per week does [NAME] usually work at this health facility?	How many hours per week does [NAME] usually spend providing medical care directly to patients?	Does [NAME] also work in a private health practice?
	YYYY	YYYY		USD....1 LBD....2	MAX 7	MAX 168	MAX 168	Yes .....1 No .....0
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## HOSPITAL STAFF ROSTER

Section 1: Pediatric services staff (continued)						
	Q117	Q118		Q119	Q120	Q121
ID Code	Is [NAME] here today?	Can you please tell me why [NAME] is not here today?		<b>Observer:</b> Is this the last provider listed?	Is there any other clinical staff currently working in the pediatric service?	<b>Observer:</b> Record time of completion of Section 1 (HH:MM) and → <b>Section 2</b>
		Officially off duty	01			
		On sick leave	02			
		On training	03			
		On maternity leave	04			
		Other authorized absence	05			
		Unauthorized absence	06			
		Late	07			
	Other, specify	96	Yes....1 No ....0 → <b>Next provider</b>	Yes....1 → <b>Add health worker to the list and go through questions from Q101.</b> No ....0		
Yes ...1 → <b>Q119</b> No ....0						
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## HOSPITAL STAFF ROSTER

## Section 2: Obstetrics/Gynecology services staff

Section 2: Obstetrics/Gynecology services staff									
ID Code	Q201	Q202	Q203	Q204		Q205	Q206		
	<b>Observer:</b> For each staff, ask all the questions of this section, then move to next staff. If there is additional staff that is not listed here, add them in a separate line. If there are more than 30 staff, use a new questionnaire and correct next staff identifiers to start at OB31.	Is [NAME] currently employed in this service? <b>Observer:</b> If No and not last provider listed → <b>Next provider</b> If No and last provider listed → <b>Q220</b>	Is [NAME] male or female?	<b>Observer:</b> Who is responding to these questions?  Self 01 OB/GYN Head 02 HR 03 Colleague 04 Other 96		How old is [NAME]?	What is the highest academic qualification that [NAME] obtained?		
							Primary education certificate		01
							Secondary education certificate		02
							Diploma		03
							Associate of Arts Degree		04
							Certificate		05
							Certificate of Specialty		06
							License		07
							Bachelors in Science degree		08
							Bachelors in Arts degree		09
Masters degree		10							
Doctoral degree		11							
Post Graduate Degree		12							
Post-Doctoral Degree		13							
No education		14							
Other, specify		96							
FULL NAME		Yes .....1 No .....0	Male.....01 Female...02	YEARS					
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OB02									
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OB06									
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## HOSPITAL STAFF ROSTER

Section 2: Obstetrics/Gynecology services staff (continued)						
Q207		Q208				
ID Code	What is the title of [NAME] as a result of his/her highest academic qualifications?		What is [NAME]'s position in this hospital?			
	Certified Midwife	01	Screeener	01	Supervisor	17
	Registered Nurse	02	Midwife/Certified midwife	02	Chief of medical staff /	18
	Registered Nurse / Certified Midwife	03	Nurse midwife	03	Medical director	
	Ophthalmic Registered Nurse	04	Midwife supervisor	04	County health officer	19
	Anesthetist Registered Nurse	05	Nurse aide	05	General Practitioner	20
	Licensed Practical Nurse	06	Nurse/Registered nurse	06	Medical Doctor	21
	Associate Degree Nurse	07	Staff nurse	07	Surgeon	22
	Bachelors of Science Nurse	08	Assistant head nurse	08	Pediatrician	23
	Physician Assistant	09	Head nurse/Charge	09	OB/GYN Specialist	24
	Medical Doctor	10	nurse/Nurse supervisor		Other, specify	96
	Specialist	11	Nurse anesthetist	10		
	Other, specify	96	Nurse ophthalmic	11		
			Scrub nurse	12		
			Physician Assistant	13		
			OR aide	14		
			OR technician	15		
			Assistant Supervisor	16		
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## HOSPITAL STAFF ROSTER

Section 2: Obstetrics/Gynecology services staff (continued)								
	Q209	Q210	Q211	Q212	Q213	Q214	Q215	Q216
ID Code	What year did [NAME] receive his/her highest qualification?	What is the year of hiring of [NAME] at this hospital?	What is the gross salary of [NAME] according to the contract or agreement with the employer? Please indicate if it is in USD or LBD. <b>Observer:</b> fill out Q210 and Q211 simultaneously line by line	<b>Observer:</b> Fill out the currency unit of the salary.	How many days per week does [NAME] usually work at this health facility?	How many hours per week does [NAME] usually work at this health facility?	How many hours per week does [NAME] usually spend providing medical care directly to patients?	Does [NAME] also work in a private health practice?
	YYYY	YYYY		USD....1 LBD....2	MAX 7	MAX 168	MAX 168	Yes .....1 No .....0
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## HOSPITAL STAFF ROSTER

Section 2: Obstetrics/Gynecology services staff (continued)						
ID Code	Q217	Q218		Q219	Q220	Q221
	Is [NAME] here today?	Can you please tell me why [NAME] is not here today?		<b>Observer:</b> Is this the last provider listed?  Yes....1 No ....0 → <b>Next provider</b>	Is there any other clinical staff currently working in the emergency service?	<b>Observer:</b> Record time of completion of Section 2 (HH:MM) and → <b>Section 3</b>
		Officially off duty	01		Yes....1 → <b>Add health worker to the list and go through questions from Q201.</b> No ....0	
		On sick leave	02			
		On training	03			
		On maternity leave	04			
		Other authorized absence	05			
		Unauthorized absence	06			
		Late	07			
	Yes ...1 → <b>Q219</b> No ....0	Other, specify	96			
OB01						<div>__ : __ AM/PM</div> <div></div>
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## HOSPITAL STAFF ROSTER

## Section 3: Operating Theater (OR) services staff

Section 3: Operating Theater (OR) services staff									
ID Code	Q301	Q302	Q303	Q304		Q305	Q306		
	<b>Observer:</b> For each staff, ask all the questions of this section, then move to next staff. If there is additional staff that is not listed here, add them in a separate line. If there are more than 30 staff, use a new questionnaire and correct next staff identifiers to start at SU31.	Is [NAME] currently employed in this service? <b>Observer:</b> If No and not last provider listed → <b>Next provider</b> If No and last provider listed → <b>Q320</b>	Is [NAME] male or female?	<b>Observer:</b> Who is responding to these questions?  Self 01 OR Head 02 HR 03 Colleague 04 Other 96		How old is [NAME]?	What is the highest academic qualification that [NAME] obtained?		
							Primary education certificate		01
							Secondary education certificate		02
							Diploma		03
							Associate of Arts Degree		04
							Certificate		05
							Certificate of Specialty		06
							License		07
							Bachelors in Science degree		08
							Bachelors in Arts degree		09
Masters degree		10							
Doctoral degree		11							
Post Graduate Degree		12							
Post-Doctoral Degree		13							
No education		14							
Other, specify		96							
FULL NAME		Yes .....1 No .....0	Male.....01 Female...02						
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SU02									
SU03									
SU04									
SU05									
SU06									
SU07									
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## HOSPITAL STAFF ROSTER

Section 3: Operating Theater (OR) services staff (continued)						
	Q307		Q308			
ID Code	What is the title of [NAME] as a result of his/her highest academic qualifications?		What is [NAME]'s position in this hospital?			
	Certified Midwife	01	Screeener	01	Supervisor	17
	Registered Nurse	02	Midwife/Certified midwife	02	Chief of medical staff /	18
	Registered Nurse / Certified Midwife	03	Nurse midwife	03	Medical director	
	Ophthalmic Registered Nurse	04	Midwife supervisor	04	County health officer	19
	Anesthetist Registered Nurse	05	Nurse aide	05	General Practitioner	20
	Licensed Practical Nurse	06	Nurse/Registered nurse	06	Medical Doctor	21
	Associate Degree Nurse	07	Staff nurse	07	Surgeon	22
	Bachelors of Science Nurse	08	Assistant head nurse	08	Pediatrician	23
	Physician Assistant	09	Head nurse/Charge	09	OB/GYN Specialist	24
	Medical Doctor	10	nurse/Nurse supervisor		Other, specify	96
	Specialist	11	Nurse anesthetist	10		
	Other, specify	96	Nurse ophthalmic	11		
			Scrub nurse	12		
			Physician Assistant	13		
			OR aide	14		
			OR technician	15		
			Assistant Supervisor	16		
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## HOSPITAL STAFF ROSTER

Section 3: Operating Theater (OR) services staff (continued)								
ID Code	Q309 What year did [NAME] receive his/her highest qualification?	Q310 What is the year of hiring of [NAME] at this hospital?	Q311 What is the gross salary of [NAME] according to the contract or agreement with the employer? Please indicate if it is in USD or LBD. <b>Observer:</b> fill out Q310 and Q311 simultaneously line by line	Q312 <b>Observer:</b> Fill out the currency unit of the salary.	Q313 How many days per week does [NAME] usually work at this health facility?	Q314 How many hours per week does [NAME] usually work at this health facility?	Q315 How many hours per week does [NAME] usually spend providing medical care directly to patients?	Q316 Does [NAME] also work in a private health practice?
	YYYY	YYYY		USD....1 LBD....2	MAX 7	MAX 168	MAX 168	Yes .....1 No .....0
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## HOSPITAL STAFF ROSTER

Section 3: Operating Theater (OR) services staff (continued)						
ID Code	Q317	Q318		Q319	Q320	Q321
	Is [NAME] here today?	Can you please tell me why [NAME] is not here today?		<b>Observer:</b> Is this the last provider listed?  Yes....1 No ....0 → <b>Next provider</b>	Is there any other clinical staff currently working in the emergency service?	<b>Observer:</b> Record time of completion of Section 2 (HH:MM) and → <b>Section 4</b>
		Officially off duty	01		Yes....1 → <b>Add health worker to the list and go through questions from Q301.</b> No ....0	
		On sick leave	02			
		On training	03			
		On maternity leave	04			
		Other authorized absence	05			
		Unauthorized absence	06			
		Late	07			
	Yes ...1 → <b>Q319</b> No ....0	Other, specify	96			
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## HOSPITAL STAFF ROSTER

Section 4: Emergency services staff									
	Q401	Q402	Q403	Q404		Q405	Q406		
ID Code	<b>Observer:</b> For each staff, ask all the questions of this section, then move to next staff. If there is additional staff that is not listed here, add them in a separate line. If there are more than 30 staff, use a new questionnaire and correct next staff identifiers to start at ER31.	Is [NAME] currently employed in this service? <b>Observer:</b> If No and not last provider listed → <b>Next provider</b> If No and last provider listed → <b>Q420</b>	Is [NAME] male or female?	<b>Observer:</b> Who is responding to these questions?  Self 01 ER Head 02 HR 03 Colleague 04 Other 96		How old is [NAME]?	What is the highest academic qualification that [NAME] obtained?		
							Primary education certificate		01
							Secondary education certificate		02
							Diploma		03
							Associate of Arts Degree		04
				Certificate			05		
							Certificate of Specialty		06
							License		07
							Bachelors in Science degree		08
							Bachelors in Arts degree		09
							Masters degree		10
							Doctoral degree		11
							Post Graduate Degree		12
							Post-Doctoral Degree		13
							No education		14
							Other, specify		96
	FULL NAME	Yes .....1 No .....0	Male.....01 Female...02				YEARS		
ER01									
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## HOSPITAL STAFF ROSTER

Section 4: Emergency services staff (continued)						
	Q407		Q408			
ID Code	What is the title of [NAME] as a result of his/her highest academic qualifications?		What is [NAME]'s position in this hospital?			
	Certified Midwife	01	Screeener	01	Supervisor	17
	Registered Nurse	02	Midwife/Certified midwife	02	Chief of medical staff /	18
	Registered Nurse / Certified Midwife	03	Nurse midwife	03	Medical director	
	Ophthalmic Registered Nurse	04	Midwife supervisor	04	County health officer	19
	Anesthetist Registered Nurse	05	Nurse aide	05	General Practitioner	20
	Licensed Practical Nurse	06	Nurse/Registered nurse	06	Medical Doctor	21
	Associate Degree Nurse	07	Staff nurse	07	Surgeon	22
	Bachelors of Science Nurse	08	Assistant head nurse	08	Pediatrician	23
	Physician Assistant	09	Head nurse/Charge	09	OB/GYN Specialist	24
	Medical Doctor	10	nurse/Nurse supervisor		Other, specify	96
	Specialist	11	Nurse anesthetist	10		
	Other, specify	96	Nurse ophthalmic	11		
			Scrub nurse	12		
			Physician Assistant	13		
			OR aide	14		
			OR technician	15		
			Assistant Supervisor	16		
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## HOSPITAL STAFF ROSTER

Section 4: Emergency services staff (continued)								
	Q409	Q410	Q411	Q412	Q413	Q414	Q415	Q416
ID Code	What year did [NAME] receive his/her highest qualification?	What is the year of hiring of [NAME] at this hospital?	What is the gross salary of [NAME] according to the contract or agreement with the employer? Please indicate if it is in USD or LBD. <b>Observer:</b> fill out Q410 and Q411 simultaneously line by line	<b>Observer:</b> Fill out the currency unit of the salary.	How many days per week does [NAME] usually work at this health facility?	How many hours per week does [NAME] usually work at this health facility?	How many hours per week does [NAME] usually spend providing medical care directly to patients?	Does [NAME] also work in a private health practice?
	YYYY	YYYY		USD....1 LBD....2	MAX 7	MAX 168	MAX 168	Yes .....1 No .....0
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## HOSPITAL STAFF ROSTER

Section 4: Emergency services staff (continued)						
	Q417	Q418		Q419	Q420	Q421
ID Code	Is [NAME] here today?	Can you please tell me why [NAME] is not here today?		<b>Observer:</b> Is this the last provider listed?  Yes....1 No ....0 → <b>Next provider</b>	Is there any other clinical staff currently working in the emergency service?	<b>Observer:</b> Record time of completion of Section 4 (HH:MM)
		Officially off duty	01			
		On sick leave	02			
		On training	03			
		On maternity leave	04			
		Other authorized absence	05			
		Unauthorized absence	06			
		Late	07			
	Yes ...1 → <b>Q419</b> No ....0	Other, specify	96		Yes....1 → <b>Add health worker to the list and go through questions from Q401.</b> No ....0	
ER01						<div>__ : __ AM/PM</div> <div></div>
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