

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT
Health Worker Interview & Knowledge Test

Cover Sheet

H1: Facility name	H2: Facility number
H3: Province Name	H4: Province Code
H5: Interviewer number	H6: Today's date (day/month/year)
<p><i>EXPLAIN TO THE HEALTH WORKER THAT HIS/HER NAME WAS PROVIDED AS A KNOWLEDGEABLE MATERNAL AND/OR NEONATAL HEALTH PROVIDER AVAILABLE ON THAT DAY. VALIDATE WITH THE HEALTH WORKER THAT HE/SHE DOES PROVIDE SOME MATERNAL AND/OR NEONATAL HEALTH SERVICES IN THIS FACILITY. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW.</i></p> <p><i>READ ORAL CONSENT LETTER TO HEALTH WORKER OR ASK IF THEY WOULD LIKE TO READ IT THEMSELVES.</i></p> <p>H7: Ask health worker Do I have your agreement to proceed?</p> <p><input type="checkbox"/> Yes, consent is given → go to H6</p> <p><input type="checkbox"/> No, consent is not given → interview of this health worker must <u>END</u>; if available, approach another health worker for participation.</p>	
H8: Health worker line number (from staff listing)	H9: Sex of health worker
	Male 1
	Female 2
H10: RESULTS OF THE INTERVIEW:	<div style="display: flex; justify-content: space-between;"> <div>INTERVIEW DONE</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>PARTIALLY COMPLETED</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>PERSON IN CHARGE</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>REFUSED INTERVIEW</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>FACILITY IS EMPTY (NO STAFF MEMBERS)</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>HEALTH FACILITY NOT FOUND</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER, SPECIFY:</div> <div>96</div> </div>

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PART 1: SECTION 1: GENERAL INFORMATION

READ THE FOLLOWING QUESTIONS TO THE HEALTH WORKER.

Question		GO TO	RESPONSE
1.01: May I know your name?			
1.02: ENTER HEALTH WORKER ID CODE FROM STAFFING SECTION OF HEALTH FACILITY ASSESSMENT			
1.03: GENDER	Male 0		
	Female 1		
1.04: How old are you? (IF YEARS NOT PROVIDED, RECORD RANGE)	Years		
1.05: What is your marital status?	Single 1	1.07	
	Married 2		
	Unmarried but living together 3	1.07	
	Widowed 4	1.07	
	Divorced 5	1.07	
1.06: Do you live with your spouse?	Yes 1		
	No 2		
1.07: Do you have children?	Yes 1		
	No 0	1.09	
1.08: How many school-going children live with you?			
1.09: Were you born in this district?	Yes 1		
	No 0		
1.10: What is the highest level of education you ever completed?	Undergraduate 1		
	Graduate 2		
	Post Graduate 3		
	None 4		
	Other, specify: 96		
1.11: In what year and month did you start working after formal completion of your highest training?	a. Year:		
RECORD YEARS AND MONTHS. IF LESS THAN A YEAR RECORD "0" IN YEARS AND RECORD NUMBER OF MONTHS	b. Month (Range is 1-12)		
1.12: In what year and month did you start working as a health worker at this facility?	a. Year:		
RECORD YEARS AND MONTHS. IF LESS THAN A YEAR, RECORD "0" IN YEARS AND RECORD NUMBER OF MONTHS.	b. Month (Range is 1-12)		
1.13: Are you employed full time or part time at this facility?	Full time 1		
	Part time 2		
1.14: What is your position as a health worker as designated by the Ministry of Health?	Clinical Director 1		
	Head of Department 2		
	MD – Obstetrician/Gynecologist 3		
	MD- Neonatologist 4		
	MD-Pediatrician 5		
	MD-Surgeon 6		
	MD- Family Physician 7		
	MD- Acute care 8		
	Nurse 9		
	Family Nurse 10		
	Midwife 11		
	Other, specify: 96		
NOW I AM GOING TO ASK YOU ABOUT THE SERVICES THAT YOU HAVE PROVIDED IN THE PAST 3 MONTHS			
1.15: In the past 3 months, have you done the following activities?	YES	NO	RESPONSE
READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE HEALTH WORKER PROVIDED THE SERVICE AT LEAST ONCE IN THE PAST 3 MONTHS, "0" IF NOT. IF THE HEALTH	Consultation for illness- Women 1	0	
	Routine care for labor and normal vaginal delivery in facility 1	0	

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WORKER HAS WORKED AT THE CURRENT HEALTH FACILITY FOR LESS THAN 3 MONTHS, ASK ABOUT THE SERVICES PROVIDED WITHIN THE DURATION AT THIS FACILITY.	Emergency care for labor and normal vaginal delivery in home	1	0	
	Basic Emergency Obstetric Care (BEMOnC) for mothers in labor	1	0	
	Comprehensive Emergency Obstetric Care (CEMOnC) for mothers in labor	1	0	
	Resuscitation for newborns using bag and mask	1	0	
	Removal of placenta or products of conception (e.g. D&C, vacuum aspiration, etc.)	1	0	
	Manual removal of placenta	1	0	
	Preventing mother-to-child transmission (PMTCT) of HIV/AIDS	1	0	
	Assisted vaginal delivery (apply vacuum or forceps)	1	0	
	Effective Perinatal Care (EPC)	1	0	
	Maternal death or near miss reviews/audits	1	0	
	Management of postpartum hemorrhage	1	0	
	Delivery by Cesarean section	1	0	
	Administering magnesium sulfate for the treatment of severe pre-eclampsia or eclampsia	1	0	
	Use of partograph	1	0	
	Active management of third stage of labor (AMTSL)	1	0	
	HIV/AIDS testing and counseling	1	0	
	Blood transfusions	1	0	
	HIV/AIDS treatment (Anti retroviral therapy, ART)	1	0	
	Referrals to higher level facility for mothers	1	0	
	Consultation for illness- newborns	1	0	
	Postnatal care consultation (PNC)	1	0	
	Resuscitation for newborns using bag and mask	1	0	
	Emergency Neonatal Care for newborns	1	0	
	Management of sepsis, including use of parenteral antibiotics	1	0	
	Management of premature newborns (gestational weeks over 32 weeks)	1	0	
	Management of neonatal jaundice	1	0	
	Care for simple and complicated neonatal pneumonia	1	0	
	Referrals to higher level facility for newborns	1	0	
	Emergency care for patient having a heart attack	1	0	
	Emergency care for patient having a stroke	1	0	
	Referrals to higher level facility for a patient having a heart attack	1	0	
	Referrals to higher level facility for a patient having a stroke	1	0	
	Other, specify:	1	0	

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Section 2: EXPERIENCE AND TRAINING

	GO TO	RESPONSE		
A. IF RESPONDENT IS A NURSE, MIDWIFE OR OB-GYN WHO PROVIDES DELIVERY CARE	2A			
B. IF RESPONDENT IS A NEONATOLOGIST OF NURSE WHO PROVIDES NEONATAL CARE	2B			
C. IF RESPONDENT IS A DOCTOR IN A EMERGENCY/ACUTE CARE WARD	2C			
Sub-Section 2A: NURSE, MIDWIFE OR OB-GYN WHO PROVIDES DELIVERY CARE				
2.01 Since when (year and month) have you conducted the delivery of newborns? (May have been in another facility)? (IF LESS THAN 1 YEAR, ENTER 00)		RESPONSE		
2.02: How often do you use a partograph during deliveries				
Never	0			
Rarely	1			
Sometimes	2			
Most of the time	3			
Always	4			
2.03: How often do you use active management of the third stage of labor (AMTSL) during normal vaginal births				
Never	0			
Rarely	1			
Sometimes	2			
Most of the time	3			
Always	4			
<p>2.04 For each subject I mention, I would like to know the most recent time you received in-service training. Please do not include your initial medical or nursing education.</p> <p>INTERVIEWER: THIS TRAINING INCLUDES ONLY THE TRAINING RECEIVED AFTER UNDERGOING PROFESSIONAL EDUCATION. FOR EXAMPLE, TRAINING RECEIVED AS PART OF THE BACHELOR OF MEDICINE AND SURGERY (MBBS) OR MEDICAL DOCTOR (MD) PROGRAM SHOULD NOT BE MENTIONED HERE.</p> <p>READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "2" IF THE TRAINING OCCURRED LESS THAN A YEAR AGO, "1" IF IT OCCURRED MORE THAN A YEAR AGO, AND "0" IF THE WORKER WAS NEVER TRAINED IN THIS SPECIALTY AFTER THEIR EDUCATION. RECORD "1" OR "2" FOR UP TO 3 "OTHER" TRAINING AND SPECIFY WHICH ONES.</p>				
	TRAINING LESS THAN 1 YEAR AGO	TRAINING1 YEAR AGO OR MORE	NEVER TRAINED	RESPONSE
Routine care for labor and normal vaginal delivery in facility	2	1	0	
Emergency care for labor and normal vaginal delivery in home	2	1	0	
Basic Emergency Obstetric Care (BEMOnC) for mothers in labor	2	1	0	
Comprehensive Emergency Obstetric Care (CEMOnC) for mothers in labor	2	1	0	
Resuscitation for newborns using bag and mask	2	1	0	
Removal of placenta or products of conception (e.g. D&C, vacuum aspiration, etc.)	2	1	0	
Manual removal of placenta	2	1	0	
Special delivery care practices for preventing mother-to-child transmission (PMTCT) of HIV/AIDS	2	1	0	
Assisted vaginal delivery (apply vacuum or forceps)	2	1	0	
Effective Perinatal Care (EPC)	2	1	0	
Maternal death or near miss reviews/audits	2	1	0	
Management of postpartum hemorrhage	2	1	0	
Delivery by Cesarean section	2	1	0	
Administering magnesium sulfate for the treatment of severe pre-eclampsia or eclampsia	2	1	0	
Use of partograph	2	1	0	
Active management of third stage of labor (AMTSL)	2	1	0	
HIV/AIDS testing and counseling	2	1	0	
Referrals to higher level facilities for mothers	2	1	0	
Blood transfusions				
Other, specify:	2	1	0	
Other, specify:	2	1	0	
Other, specify:	2	1	0	
		GO TO	RESPONSE	
2.05: In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	Yes	1		

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No 0

2.07 For each subject I mention, I would like to know the most recent time you received in-service training. Please do not include your initial medical or nursing education.

READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "2" IF THE TRAINING OCCURRED LESS THAN A YEAR AGO, "1" IF IT OCCURRED MORE THAN A YEAR AND "0" IF THE WORKER WAS NEVER TRAINED IN THIS SPECIALTY AFTER THEIR EDUCATION. RECORD "1" OR "2" FOR UP TO 3 "OTHER" TRAINING AND SPECI-
WHICH ONES.

		TRAINING LESS THAN 1 YEAR AGO	TRAINING 1 YEAR AGO OR MORE	NEVER TRAINED	RESPONSE
Consultation for children		2	1	0	
Postnatal care consultation (PNC)		2	1	0	
Resuscitation for newborns using bag and mask		2	1	0	
Emergency Neonatal Care for newborns		2	1	0	
Management of sepsis, including use of parenteral antibiotics		2	1	0	
Management of premature newborns (gestational weeks over 32 weeks)		2	1	0	
Management of neonatal jaundice		2	1	0	
Care for simple and complicated neonatal pneumonia		2	1	0	
Referrals to higher level facility for newborns		2	1	0	
Other, specify:		2	1	0	
Other, specify:		2	1	0	
Other, specify:					
				GO TO	RESPONSE
2.08: Are there other training needs you personally feel you need for your present job?		Yes 1			
		No 0		3.01	
2.09: What kind of additional training do you feel you need for you present job?					
		YES	NO		
Consultation for illness- Women		1	0		
Routine care for labor and normal vaginal delivery in facility		1	0		
Emergency care for labor and normal vaginal delivery in home		1	0		
Basic Emergency Obstetric Care (BEMOnC) for mothers in labor		1	0		
Comprehensive Emergency Obstetric Care (CEMOnC) for mothers in labor		1	0		
Resuscitation for newborns using bag and mask		1	0		
Removal of placenta or products of conception (e.g. D&C, vacuum aspiration, etc.)		1	0		
Manual removal of placenta		1	0		
Preventing mother-to-child transmission (PMTCT) of HIV/AIDS		1	0		
Assisted vaginal delivery (apply vacuum or forceps)		1	0		
Effective Perinatal Care (EPC)		1	0		
Maternal death or near miss reviews/audits		1	0		
Management of postpartum hemorrhage		1	0		
Delivery by Cesarean section		1	0		
Administering magnesium sulfate for the treatment of severe pre-eclampsia or eclampsia		1	0		
Use of partograph		1	0		
Active management of third stage of labor (AMTSL)		1	0		
HIV/AIDS testing and counseling		1	0		
HIV/AIDS treatment (Anti retroviral therapy, ART)		1	0		
Referrals to higher level facility for mothers		1	0		
Consultation for illness- newborns		1	0		
Postnatal care consultation (PNC)		1	0		
Resuscitation for newborns using bag and mask		1	0		
Emergency Neonatal Care for newborns		1	0		
Management of sepsis, including use of parenteral antibiotics		1	0		
Management of premature newborns (more than 32 gestational weeks)		1	0		
Management of neonatal jaundice		1	0		

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Care for simple and complicated neonatal pneumonia	1	0		
Referrals to higher level facility for newborns	1	0		
Emergency care for patient having a heart attack	1	0		
Emergency care for patient having a stroke	1	0		
Referrals to higher level facility for patients having a heart attack	1	0		
Referrals to higher level facility for patients having a stroke?	1	0		
Other, specify:	1	0		
Other, specify:	1	0		
Other, specify:	1	0		

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Sub Section 2B: NEONATOLOGIST OF NURSE WHO PROVIDES NEONATAL CARE

			GO TO	RESPONSE
2.10: In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	Yes	1		
	No	0	2.12	
2.11: Since when (year and month) have you provided care for newborns? (Service may have been in another facility)? (IF LESS THAN 1 YEAR, ENTER 00)				
2.12: For each subject I mention, I would like to know the most recent time you received in-service training. Please do not include your initial medical or nursing education.				
INTERVIEWER: THIS TRAINING INCLUDES ONLY THE TRAINING RECEIVED AFTER UNDERGOING PROFESSIONAL EDUCATION. FOR EXAMPLE, TRAINING RECEIVED AS PART OF THE BACHELOR OF MEDICINE AND SURGERY (MBBS) OR MEDICAL DOCTOR (MD) PROGRAM SHOULD NOT BE MENTIONED HERE.				
READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "2" IF THE TRAINING OCCURRED LESS THAN A YEAR AGO, "1" IF IT OCCURRED MORE THAN A YEAR AGO, AND "0" IF THE WORKER WAS NEVER TRAINED IN THIS SPECIALTY AFTER THEIR EDUCATION. RECORD "1" OR "2" FOR UP TO 3 "OTHER" TRAINING AND SPECIFY WHICH ONES.				
	TRAINING LESS THAN 1 YEAR AGO	TRAINING 1 YEAR AGO OR MORE	NEVER TRAINED	RESPONSE
a. Consultation for children	2	1	0	
b. Postnatal care consultation (PNC)	2	1	0	
c. Resuscitation for newborns using bag and mask	2	1	0	
d. Emergency Neonatal Care for newborns	2	1	0	
e. Management of sepsis, including use of parenteral antibiotics	2	1	0	
f. Management of premature newborns (more than 32 gestational weeks)	2	1	0	
g. Management of neonatal jaundice	2	1	0	
h. Care for simple and complicated neonatal pneumonia	2	1	0	
i. Care for simple and complicated neonatal pneumonia	2	1	0	
j. Referrals to higher level facility for newborns	2	1	0	
k. Other, specify:	2	1	0	
l. Other, specify:	2	1	0	
m. Other, specify:	2	1	0	
2.13: Are there other training needs you personally feel you need for your present job?	Yes	1		
	No	0		
2.14: What kind of additional training do you feel you need for your present job?				
DO NOT READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "0" IF NOT MENTIONED.	YES	NO		RESPONSE
a. Consultation for children	1	0		
b. Postnatal care consultation (PNC)	1	0		
c. Resuscitation for newborns using bag and mask	1	0		
d. Emergency Neonatal Care for newborns	1	0		
e. Management of sepsis, including use of parenteral antibiotics	1	0		
f. Management of premature newborns (gestational weeks over 32 weeks)	1	0		
g. Management of neonatal jaundice	1	0		
h. Care for simple and complicated neonatal pneumonia	1	0		
i. Care for simple and complicated neonatal pneumonia	1	0		
j. Referrals to higher level facility for newborns	1	0		
k. Other, specify:	1	0		
l. Other, specify:	1	0		
m. Other, specify:	1	0		

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Sub Section 2C: DOCTOR IN EMERGENCY/ ACUTE CARE UNIT

2.15: Since when (year and month) have you provided care for newborns? (Service may have been in another facility)? (IF LESS THAN 1 YEAR, ENTER 00)

For each subject I mention, I would like to know the most recent time you received in-service training. Please do not include your initial medical or nursing education.

INTERVIEWER: THIS TRAINING INCLUDES ONLY THE TRAINING RECEIVED AFTER UNDERGOING PROFESSIONAL EDUCATION. FOR EXAMPLE, TRAINING RECEIVED AS PART OF THE BACHELOR OF MEDICINE AND SURGERY (MBBS), OR MEDICAL DOCTOR (MD) PROGRAM SHOULD NOT BE MENTIONED HERE.

READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "2" IF THE TRAINING OCCURRED LESS THAN A YEAR AGO, "1" IF IT OCCURRED MORE THAN A YEAR AGO, AND "3" IF THE WORKER WAS NEVER TRAINED IN THIS SPECIALTY AFTER THEIR EDUCATION. RECORD "1" OR "2" FOR UP TO 3 "OTHER" TRAINING AND SPECIFY WHICH ONES.

	TRAINING LESS THAN 1 YEAR AGO	TRAINING 1 YEAR AGO OR MORE	NEVER TRAINED	RESPONSE
a. Emergency care for patient having a heart attack	2	1	0	
b. Emergency care for patient having a stroke	2	1	0	
c. Other, specify:	2	1	0	
d. Other, specify:	2	1	0	
e. Other, specify:	2	1	0	

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Section 3: HOURS AND DUTIES			
			RESPONSE
3.01: How many hours per week, in a typical week, are you contracted to work at this facility? RECORD TYPICAL NUMBER OF HOURS PER WEEK.			
3.02: How many days were you supposed to work in the health facility in the preceding 30 days?			
3.03: We realize that health workers cannot always fulfill their duties and stick to their assigned schedules. In the last 30 days, how many days were you absent from work?	NUMBER OF DAYS IN THE LAST 30 DAYS. MAXIMUM 30		
3.04: In the last 7 days, how many days did you work at this facility?	NUMBER OF DAYS IN THE LAST 7 DAYS. MAXIMUM 7		
3.05: In the last 7 days, how many hours did you work at this facility in total?	NUMBER OF HOURS IN THE LAST 7 DAYS. MAXIMUM 168		
3.06: In comparing to 12 months ago, would you say the number of hours you work in a week have increased, decreased or remained the same?	<div style="display: flex; justify-content: space-between;"> Increased 1 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Decreased 2 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Remained the same 3 </div>		
3.07: How many individual patients did you see on your last full working day? INTERVIEWER: PLEASE DO NOT COUNT GROUP SENSITIZATION OF MOTHERS/PATIENTS	WOMEN IN LABOR	A	
NUMBER OF PATIENTS (INCLUDE ON SEPARATE LINES)	NUMBER OF DELIVERIES	B	
	WOMEN IN POST-PARTUM CARE	C	
	NEWBORNS	D	
	DELIVERY BY C-SECTION	E	
	OTHERS	F	

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Section 4: SALARY				RESPONSE
4.01: How much did you receive in earned income from this job last month? (INTERVIEWER: PLEASE PROBE TO ASK RESPONDENT TO INCLUDE BASE SALARY, NIGHT SHIFTS, HOME DUTY, AND BONUSES WHEN ANSWERING THIS QUESTION. IF POSSIBLE, RECORD DIFFERENT COMPONENTS ON SEPARATE LINES, ELSE RECORD AGGREGATE)				
	Total income	1		
	Base Salary	2		
	Night shift allowance	3		
	Home duty allowance	4		
	Housing allowance	5		
	Bonuses	6		
	Other, specify:	96		
4.02: How much did you receive in earned income from this job in a typical month last year? (INTERVIEWER: PLEASE PROBE TO ASK RESPONDENT TO INCLUDE BASE SALARY, NIGHT SHIFTS, HOME DUTY, AND BONUSES WHEN ANSWERING THIS QUESTION. IF POSSIBLE, RECORD DIFFERENT COMPONENTS ON SEPARATE LINES, ELSE RECORD AGGREGATE)			RECORD AMOUNT	
	CATEGORY	CODE		
	Total income	1		
	Base Salary	2		
	Night shift allowance	3		
	Home duty allowance	4		
	Housing allowance	5		
	Bonuses	6		
	Other, specify:	96		
			GO TO	RESPONSE
4.03: Is the above-mentioned income paid to you on a fee-for-service basis?	Yes	1		
	No	0		
4.04: What is your labor coefficient at present?				
4.05: Over the past 2 years, has your salary increased because of the following reasons? INTERVIEWER: READ OPTIONS ALOUD.				
	Routine or general increase	1		
	Individual performance	2		
	Promotion	3		
	Category increase	4		
	No increase	5		
	Not applicable	6		
	Other, specify:	96		
4.06: In the last 12 months, did you receive all your due salary according to the payment schedule?	Yes	1		
	No	0		
4.07: What day of the month are you supposed to receive your salary?	Interviewer: enter a number, eg. 8 or 21. Max 31.			
4.08: Last month, how many days was your salary delayed? (PLEASE ENTER NUMBER OF DAYS DELAYED AND SELECT "STILL NOT RECEIVED" IF THE RESPONDENT IS STILL WAITING FOR LAST MONTH'S SALARY)	Interviewer: enter a number, eg. 08 or 21. Max 31.			
	Still not received	2	4.10	
	Received on time	1		
4.09: Have you received all of your salary for last month?	Yes	1		
	No	0		
4.10: The previous month (2 months ago), how many days was your salary delayed? (PLEASE ENTER NUMBER OF DAYS DELAYED AND SELECT "STILL NOT RECEIVED" IF THE RESPONDENT IS STILL WAITING FOR LAST MONTH'S SALARY)	Interviewer: enter a number, eg. 08 or 21. Max 31.			
	Still not received	2	4.12	
	Received on time	1		

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4.11: Have you received all of your salary for the previous month (two months back)?	Yes	1		
	No	0		
4.12: In the last 12 months, those times that you did not receive your full salary on time, what reason was usually given for you not being paid?	Lack of Funds			
DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS REASON OR NOT.	Systemic delay/administrative problem			
	Salary withheld to service outstanding			
Mentioned = 1	Non-payment was not explained			
Not Mentioned = 0	Related to performance/absence			
	Other, specify:			
4.13: For the last 12 months, have you received all the salary due to you, even if it was not according to the payment schedule?	Yes	1	4.15	
	No	0		
4.14: How many months' salary are you currently owed for the past 12 months?	Enter number of months (range is 1-12)			
4.15: If you were to leave your current job, where would you go? (INTERVIEWER: SELECT AS MANY AS APPLICABLE)	NGO within the health sector			
	Work in neighboring country	1		
	Work abroad but not neighboring country	2		
	Private health facility	3		
	Non health organization	4		
	Other government health facility	5		
	Administrative position in this or other government facility	6		
	Other, specify:	96		
4.16: What would be the lowest monthly net salary you would accept to work in your preferred job?	Currency			

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Section 5: OTHER COMPENSATION			
		GO TO	RESPONSE
5.01: Do you currently receive any other forms of compensation?			
5.02: Do you currently receive any of the following benefits as part of your primary job? INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.			
Free or subsidized housing			
Health care benefits and/or medicines			
Free food/meals at work			
Uniform for your work			
Shoes for your work			
Routine transport between work and home			
Transportation for emergency calls			
Free schooling or school subsidies for children			
Housing allowance		5.05	
Rural Hardship allowance		5.06	
Travel allowance for outreach			
Free or subsidized mobile phone			
Other, specify:		If no to all, skip to 6.01	
5.03: How often is the housing allowance paid?			
Each day	1		
Each week	2		
Each month	3		
Every four months	4		
Every six months	5		
Each year	6		
Irregular/ad hoc	7		
Other, specify:	96		
5.04: How much did you receive in the last period or at your last ad hoc payment for the housing allowance in Currency?	Currency		
5.05: Do you currently receive a "Rural Hardship" allowance (for working in rural areas)?	Yes	1	
	No	0	5.08
5.06: How often is the Rural Hardship allowance paid?			
Each day	1		
Each week	2		
Each month	3		
Every four months	4		
Every six months	5		
Each year	6		
Irregular/ad hoc	7		
Other, specify:	96		
5.07: How much did you receive in the last period or at your last ad hoc payment for the Rural Hardship allowance in Currency?	Currency		
5.08: In the last 3 months, how much did you receive as travel allowance for outreach activities in Currency?	Currency		

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Section 6: SUPERVISION (INTERNAL AND EXTERNAL)			GO TO	RESPONSE
Now I would like to talk with you about supervision of your work by people who also work in this facility.				
6.01: Within the facility, is there anyone who is responsible for supervising your work? This could include providing feedback on your performance, giving you advice, discussing your career with you?	Yes	1		
	No	0		
6.02: Within the facility, who is responsible for supervising your work? (INTERVIEWER, SELECT AS MANY AS APPLICABLE, UP TO THREE)	Health facility head	1		
	Head of service within the facility	2		
	Other health worker in the facility	3		
	Other, specify:	96		
6.03: Thinking about the first supervisor you mentioned above (INTERVIEWER PLEASE RECORD THE CODE OF THE FIRST SUPERVISOR)				
6.04: What is the position of this supervisor as designated by the Ministry of Health?	Clinical Director	1		
(PLEASE SELECT ALL APPLICABLE)	Head of Department	2		
	MD – Obstetrician/Gynecologist	3		
	MD- Neonatologist	4		
	MD-Pediatrician	5		
	MD- Surgeon	6		
	Head Nurse	7		
	Head Midwife	8		
	MD- Family Physician	9		
	Other, specify:	96		
6.05: When was the last time you met with this internal supervisor for supervision purposes?	Never	0		
	More than 6 months ago	1		
	Within the past 4-6 months	2		
	Within the past 31-90 days	3		
	Within the past 30 days	4		
	Within the past week	5		
6.06: Does this supervisor do any of the following?	Check your records or reports	1		
	Observe your work	2		
	Give you verbal feedback about how you were doing your job	3		
	Provide any written comment about how you were doing your job	4		
	Provide updates on administrative or technical issues related to your work	5		
	Discuss problems you have encountered	6		
	Jointly plan follow-up actions	7		
	Assist you to solve problems that you are encountering in your job.	8		
	Ask you for any feedback on your work	9		
6.07: Within the last 12 months, have you discussed any job difficulties with this internal supervisor?	Yes	1		
	No	0		
6.08: After these discussions, did you notice a lot of improvements, some improvements or no improvements?	No improvements	0		
	Some improvements	1		
	A lot of improvements	2		
Thinking about the second supervisor you mentioned above (INTERVIEWER PLEASE RECORD THE CODE OF THE SECOND SUPERVISOR)				

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6.09: What is the position of this supervisor as designated by the Ministry of Health? (PLEASE SELECT ALL APPLICABLE)	Clinical Director	1		
	Head of Department	2		
	MD – Obstetrician/Gynecologist	3		
	MD- Neonatologist	4		
	MD-Pediatrician	5		
	MD- Surgeon	6		
	Head Nurse	7		
	Head Midwife	8		
	MD- Family Physician	9		
	Other, specify:	96		
6.10: When was the last time you met with this internal supervisor for supervision purposes?	Never	0		
	More than 6 months ago	1		
	Within the past 4-6 months	2		
	Within the past 31-90 days	3		
	Within the past 30 days	4		
	Within the past week	5		
6.11: Does this supervisor do any of the following?	Check your records or reports	1		
	Observe your work	2		
	Give you verbal feedback about how you were doing your job	3		
	Provide any written comment about how you were doing your job	4		
	Provide updates on administrative or technical issues related to your work	5		
	Discuss problems you have encountered	6		
	Jointly plan follow-up actions	7		
	Assist you to solve problems that you are encountering in your job.	8		
	Ask you for any feedback on your work	9		
6.12: Within the last 12 months, have you discussed any job difficulties with this internal supervisor?	Yes	1		
	No	0		
6.13: After these discussions, did you notice a lot of improvements, some improvements or no improvements?	No improvements	0		
	Some improvements	1		
	A lot of improvements	2		
Thinking about the third supervisor you mentioned above (INTERVIEWER PLEASE RECORD THE CODE OF THE SECOND SUPERVISOR)				
6.14: What is the position of this supervisor as designated by the Ministry of Health? (PLEASE SELECT ALL APPLICABLE)	Clinical Director	1		
	Head of Department	2		
	MD – Obstetrician/Gynecologist	3		
	MD- Neonatologist	4		
	MD-Pediatrician	5		
	MD- Surgeon	6		
	Head Nurse	7		
	Head Midwife	8		
	MD- Family Physician	9		
	Other, specify:	96		
6.15: When was the last time you met with this internal supervisor for supervision purposes?	Never	0		
	More than 6 months ago	1		
	Within the past 4-6 months	2		
	Within the past 31-90 days	3		
	Within the past 30 days	4		

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6.16: Does this supervisor do any of the following?	Within the past week	5		
	Check your records or reports	1		
	Observe your work	2		
	Give you verbal feedback about how you were doing your job	3		
	Provide any written comment about how you were doing your job	4		
	Provide updates on administrative or technical issues related to your work	5		
	Discuss problems you have encountered	6		
	Jointly plan follow-up actions	7		
	Assist you to solve problems that you are encountering in your job.	8		
6.17: Within the last 12 months, have you discussed any job difficulties with this internal supervisor?	Ask you for any feedback on your work	9		
	Yes	1		
6.18: After these discussions, did you notice a lot of improvements, some improvements or no improvements?	No	0	6.19	
	No improvements	0		
	Some improvements	1		
6.19: Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? (PROBE: Anything else?)	A lot of improvements	2		
	More frequent support/guidance from supervisor	1		
	More knowledge/ updates / training	2		
	More supplies/drugs	3		
	More job aids / guidelines / standards	4		
	More autonomy / independence	5		
	More emotional support for staff	6		
	More incentives (salary, promotion, holidays)	7		
	Better support/guidance from supervisor	8		
	Increased job security	9		
	Better facility infrastructure	10		
	Better quality equipment / supplies	11		
	Flexible working schedule	12		
	Less workload (more staff)	13		
	Don't know / None of these	14		
Other, specify:	96			
Now I would like to ask you about supervision of your work by people outside of this facility.				
6.20: Outside of this health facility, is there anyone who is responsible for supervising your work? This could include providing feedback on your performance, giving you advice, discussing your career with you?	Yes	1		
	No	0		6.78
6.21: Who outside the facility is responsible for supervising your work? (INTERVIEWER, SELECT AS MANY AS APPLICABLE)	Public health official	1		
	Effective Perinatal care official	2		
	Chief specialist	3		
	Sanitary department official	4		
	Oblast-level hospital staff	5		

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	Other Ministry of Health Official (please specify:)	6		
	MHIF official	7		
	Donor	8		
	Other, specify:	96		
6.22: Now thinking about the first external supervisor you listed: (NOTE: INTERVIEWER PLEASE NOTE THE FIRST EXTERNAL SUPERVISOR LISTED)				
6.23: In the last 12 months, how many times have you met with this external supervisor?				
6.24: When was the last time you met with your external supervisor to discuss your performance or your career development?				
	Never	0		
	More than 6 months ago	1		
	Within the past 4-6 months	2		
	Within the past 31-90 days	3		
	Within the past 30 days	4		
6.25: The last time that you met this external supervisor, what did [HE/SHE] do to supervise your work?		Authorized the purchase of supplies / equipment	1	
		Checked records	2	
		Checked finances	3	
		Observed consultation	4	
		Assessed knowledge	5	
		Provided technical instruction	6	
		Provided administrative instruction	7	
		Provided instruction on filling Health Monitoring and Information Systems (HMIS) forms	8	
		Inspected facility	9	
		Other, specify:	10	
		Nothing	11	
6.66: Within the last 12 months, have you discussed any job difficulties with this external supervisor?		Yes	1	
		No	0	6.68
6.67: After these discussions, did you notice a lot of improvements, some improvements or no improvements?		No improvements	0	
		Some improvements	1	
		A lot of improvements	2	
		Other (please specify)	96	
Now thinking about the second external supervisor you listed:				
6.68: In the last 12 months, how many times have you met with this external supervisor?				
6.69: When was the last time you met with your external supervisor to discuss your performance or your career development?				
	Never	0		
	More than 6 months ago	1		
	Within the past 4-6 months	2		
	Within the past 31-90 days	3		
	Within the past 30 days	4		
6.70: The last time that you met this external supervisor, what did [HE/SHE] do to supervise your work?		Authorized the purchase of supplies / equipment	1	
		Checked records	2	
		Checked finances	3	
		Observed consultation	4	
		Assessed knowledge	5	
		Provided technical instruction	6	
		Provided administrative instruction	7	

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	Provided instruction on filling Health Monitoring and Information systems (HMIS) forms	8		
	Inspected facility	9		
	Other, specify:	10		
	Nothing	11		
6.71: Within the last 12 months, have you discussed any job difficulties with this external supervisor?	Yes	1		
	No	0		6.73
6.72: After these discussions, did you notice a lot of improvements, some improvements or no improvements?	No improvements	0		
	Some improvements	1		
	A lot of improvements	2		
	Other (please specify):	96		
Now thinking about the third external supervisor you listed:				
6.73: In the last 12 months, how many times have you met with this external supervisor?				
6.74: When was the last time you met with your external supervisor to discuss your performance or your career development?	Never	0		
	More than 6 months ago	1		
	Within the past 4-6 months	2		
	Within the past 31-90 days	3		
	Within the past 30 days	4		
6.75: The last time that you met this external supervisor, what did [HE/SHE] do to supervise your work?	Authorized the purchase of supplies / equipment	1		
	Checked records	2		
	Checked finances	3		
	Observed consultation	4		
	Assessed knowledge	5		
	Provided technical instruction	6		
	Provided administrative instruction	7		
	Provided instruction on filling Health Monitoring and Information Systems (HMIS) forms	8		
	Inspected facility	9		
	Other, specify:	10		
	Nothing	11		
6.76: Within the last 12 months, have you discussed any job difficulties with this external supervisor?	Yes	1		
	No	0		
6.77: After these discussions, did you notice a lot of improvements, some improvements or no improvements?	No improvements	0		
	Some improvements	1		
	A lot of improvements	2		
	Other (please specify):	96		
6.78: Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? (PROBE: Anything else?)	More frequent support/guidance from supervisor	1		
	More knowledge/ updates / training	2		
	More supplies/drugs	3		
	More job aids / guidelines / standards	4		
	More autonomy / independence	5		

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	More emotional support for staff	6		
	More incentives (salary, promotion, holidays)	7		
	Better support/guidance from supervisor	8		
	Increased job security	9		
	Better facility infrastructure	10		
	Better quality equipment / supplies	11		
	Flexible working schedule	12		
	Less workload (more staff)	13		
	Don't know / None of these	14		
	Other, specify:	96		
Now I would like to ask you about any regular audits of maternal or newborn deaths or near-misses conducted at this facility.				
6.79 Does the facility participate in regular reviews of maternal or newborn deaths or "near-misses"?	No, there are no such audits	0	7.01	
	Yes, for mothers	1		
	Yes, for newborns	2		
	Yes, for both	3		
6.80 How often does the facility conduct reviews of maternal or newborn deaths or "near-misses"?	When a case occurs	1		
	Every 1-3 months	2		
	Once a month	3		
	Every	4		
6.81 Are these reviews confidential?	Yes	1		
	No	0		
	Don't know	96		
6.82 Does facility train staff based on audit findings?	Yes	1		
	No	0		
	Don't know	96		
6.83 Does the internal supervision process following any audit findings focus on improving the quality of care for maternal and neonatal health?	Yes	1		
	No	0		
	Don't know	96		

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Section 7: SUPPLEMENTAL INCOME				GO TO	RESPONSE
It is common for health workers to have additional work to their primary job at the health facility. I would like to ask you questions about additional work you might be doing. Please answer the following questions with regards to your supplemental activity.					
7.01: Do you have any other job or activity to supplement your income from this job?					
Yes	1				
No	0			8.01	
7.02: What kind of job or activity is this? INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.					
	YES	NO			
Work in the same facility on night duty	1	0			
Work in another government facility	1	0			
Work in private clinic or private practice	1	0			
Work in a pharmacy	1	0			
Work in non-health related business other than farming	1	0			
Farming	1	0			
Other, specify:	1	0			
7.03: What is the main reason that you are doing this other job or activity? (INTERVIEWER: PLEASE SELECT ALL APPLICABLE) INTERVIEWER: DO NOT READ OPTIONS ALOUD.					
I cannot make ends meet on my primary income	1				
Hourly pay is lucrative in this secondary job	2				
I can gain experience that is not available in my primary job.	3				
The secondary job has a better environment	4				
I can see patients I could not see during working hours	5				
Other, specify:	96				
7.04: Since which year and month have you been doing this additional job or activity?					
Year					
7.05: How many hours did you spend on this other work in the last 7 days?					
Month (range is 1-12)					
7.06: How much income do you receive for this other work in a typical month (in SOMS)?					
7.07: Is the above mentioned income paid to you on a fee-for-service basis?					
Yes	1				
No	0				

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Section 8: HEALTH WORKER SATISFACTION

	GO TO	RESPONSE
<p>In this part of the questionnaire I would like to ask you some questions regarding your satisfaction with your current job. All answers are confidential. I am going to read you a series of statements about your level of satisfaction with various aspects of your current job. For each of these aspects, please tell me whether you are extremely satisfied, somewhat satisfied, neither satisfied nor unsatisfied, meaning you are indifferent, somewhat unsatisfied or extremely unsatisfied using these cards.</p> <p>INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION. PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS.</p>		
RESPONSE CODE		
EXTREMELY UNSATISFIED	1	
SOMEWHAT UNSATISFIED	2	
NEITHER SATISFIED NOR		
UNSATISFIED (I.E. INDIFFERENT)	3	
SOMEWHAT SATISFIED	4	
EXTREMELY SATISFIED	5	
NOT APPLICABLE	96	
8.01: Working relationships with other facility staff		
8.02: Working relationships with District/ Ministry of Health staff		
8.03: Working relationships with Management staff within the health facility		
8.04: Quality of management of the health facility by the management staff within the health facility		
8.05: Quantity of medicine available in the health facility		
8.06: Quality of medicine available in the health facility		
8.07: Quantity of equipment in the health facility		
8.08: Quality and physical condition of equipment in the health facility		
8.09: Availability of other supplies in the health facility (compresses, etc.; office supplies)		
8.10: The physical condition of the health facility building		
8.11: Your ability to provide high quality of care given the current working conditions in the facility		
8.12: Your level of respect among your colleagues		
8.13: Your opportunities to upgrade your skills and knowledge through training		
8.14: Your opportunity to discuss work issues with your immediate supervisor		
8.15: Your immediate supervisor's recognition of your good work		
8.16: Your satisfaction with the reward for hard work, verbally, financially or otherwise.		
8.17: The opportunities you have to use your skills in your job.		
8.18: Your salary		
8.19: Your benefits (such as housing, travel allowance, bonus including performance bonus, etc)		
8.20: Your benefits (such as housing, travel allowance, bonus including performance bonus, etc)		
8.21: Your opportunities for promotion		
8.22: Safety and security in the work environment		
8.23: Living accommodations		
8.24: Available schooling for your children. IF NO CHILDREN, WRITE "NA".		
8.25: Overall, how satisfied are you with your job?		

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Section 9: PERSONAL DRIVE

In this part of the questionnaire I would like to talk with you about your work environment. All answers are confidential. I am going to read you a series of statements about your work with your colleagues. For each of these aspects, please tell me whether you strongly agree, agree, are neutral, disagree or strongly disagree

INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION. PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS.

	RESPONSE CODE		
	STRONGLY DISAGREE	1	
	DISAGREE	2	
	NEUTRAL (I.E. NEITHER AGREE NOR DISAGREE)	3	
	AGREE	4	
	STRONGLY AGREE	5	
	NOT APPLICABLE	96	
			RESPONSE
9.01: I can always manage to solve difficult problems if I try hard enough.			
9.02: It is easy for me to stick to my aims and accomplish my goals.			
9.03: Due to my resourcefulness, I know how to handle unforeseen situations.			
9.04: I do this job because I personally consider it important.			
9.05: I feel free to decide for myself how to lead my life.			
9.06: I generally feel free to express my ideas and opinions			
9.06: People I know tell me I am competent/capable at what I do.			
9.07: I generally feel very capable.			
9.08: I get along well with people I come into contact with.			
9.09: I consider myself close to the people I regularly interact with.			
9.10: These days, I feel motivated to work as hard as I can.			
9.11: Sometimes when I get up in the morning, I dread having to face another day at work.			
9.12: Overall, I am very satisfied with my work as a (INSERT JOB TITLE)			
9.13: I am not satisfied with my colleagues.			
9.14: I am satisfied with my internal supervisors.			
9.15: I am satisfied with my external supervisors.			
9.16: I am satisfied with the opportunity to use my abilities in my job			
9.17: I am proud to be working for this health facility.			
9.18: I am satisfied that I accomplish something worthwhile in this job			
9.19: My life has a clear meaning or purpose.			
9.20: I have enough time to complete my daily tasks.			
9.21: I have enough time for my personal duties.			

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Section 10: INNOVATION

I am now going to read you some examples of situations that may happen at the health center. These situations may or may not be currently true in the health facility where you work. For each situation, I would like to know what kind of actions you would take. All answers are confidential.

INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS REASON OR NOT.

		Mentioned	Not Mentioned	RESPONSE
10.01: If you observed several women from a particular region presenting in labor with untreated symptoms of pre-eclampsia/eclampsia, what would you do?	Nothing. It is not in my job description.	1	0	
	Mention this issue to my supervisor	1	0	
	Plan follow-up actions with my supervisor	1	0	
	Engage with the ANC provider of the region	1	0	
	Advise regional MoH officials on solutions	1	0	
	Organize information/outreach activities	1	0	
	Other, specify:	1	0	
10.02: If you observed several cases of post-partum hemorrhage in home deliveries, what would you do?	Nothing. It is not in my job description.	1	0	
	Mention this issue to my supervisor	1	0	
	Plan follow-up actions with my supervisor	1	0	
	Engage with the ANC provider and community midwife	1	0	
	Advise regional MoH officials on solutions	1	0	
	Organize information/outreach activities	1	0	
	Other, specify:	1	0	
10.03: Say an 18 year-old delivered her first, healthy newborn two hours ago, but she refuses to breastfeed. The newborn is crying. What would you do?	Nothing. It is the woman's own choice.	1	0	
	Talk to the mother about the benefits of breastfeeding	1	0	
	Talk to the mother's partner and in-laws	1	0	
	Involve the family physician	1	0	
	Invite the mother to the "mother school" in the maternity ward and show her videos and photos on breastfeeding	1	0	
	Organize a meeting with members of the breastfeeding support group	1	0	
	Consult with the mother on feeding formula	1	0	
	Other, specify:	1	0	
10.04: Imagine that you are the chief doctor of a hospital and the facility does not have any means of transportation for patients in emergencies, and resources were not a constraint. What would you do?	Nothing. The patients and their families have to sort it out.	1	0	
	Contract a private person/firm in the community who has a car	1	0	

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	Organize a community fund raiser to buy a vehicle	1	0	
	Seek funds from the government to buy vehicle	1	0	
	Seek funds from NGO's to buy vehicle	1	0	
	Buy a vehicle from the facility's funds	1	0	
	Encourage them to use community based transport	1	0	
	Use your personal vehicle to transport patients in emergencies	1	0	
	Other, specify:	1	0	
10.05: Imagine that you are the chief doctor of the hospital and there are not enough health workers in the facility to serve the needs of the community. If resources were not a constraint, what would you do?	Nothing. This is not the responsibility of the facility	1	0	
	Contract retired nurses and midwives in the community	1	0	
	Contract staff from other facilities, public or private	1	0	
	Train traditional birth attendants	1	0	
	Train community health workers	1	0	
	Train other persons to fulfill the roles of health staff	1	0	
	Request MOH/ oblast authorities for more staff	1	0	
END OF PART 1				

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PART 2: MATERNAL HEALTH KNOWLEDGE QUESTIONS (TO BE ADMINISTERED TO OB/GYNS AND MIDWIVES)

FOR THE FOLLOWING QUESTIONS, READ THE QUESTION ALOUD TO THE HEALTH WORKER. DO NOT READ THE ANSWER CHOICES ALOUD. IF YOU ARE NOT SURE WHETHER AN ANSWER GIVEN BY HEALTH WORKER MATCHES THAT LISTED, PROBE FOR MORE DETAIL. IF THEY GIVE AN ANSWER THAT IS NOT LISTED, MOVE ON TO THEIR NEXT ANSWER. USE THE PROBE TO ENCOURAGE HEALTH WORKER TO GIVE AS MANY ANSWERS AS THEY CAN THINK OF. IF THEY CANNOT GIVE AN ANSWER, OR GIVE ONLY ANSWERS THAT DO NOT APPEAR IN LIST, RECORD THE CODE FOR "DON'T KNOW".

READ ALOUD: Please answer the following questions on maternal health to the best of your knowledge. Most of the questions I ask you will require multiple responses from you. Assume all needed supplies, medications, and equipment are available. When thinking about your answers, you should include actions or interventions that could be done at your facility and at a referral facility. I will probe sometimes to help you remember some more information. Please provide all responses that come to mind.

Question	Code	
TIME AT BEGINNING OF MATERNAL HEALTH KNOWLEDGE QUESTIONS	____:____	
	YES NO	RESPONSE
11.01: Please tell me, when conducting a delivery what observations or monitoring should be carried out during labor and delivery? PROBE FOR ANY OTHER OBSERVATIONS OR MONITORING CONDUCTED.		
Monitor fetal heart rate	1 0	
Assess degree of molding	1 0	
Assess cervical dilatation	1 0	
Assess descent of head	1 0	
Monitor uterine contractions	1 0	
Monitor maternal blood pressure	1 0	
Monitor maternal pulse	1 0	
Monitor maternal temperature	1 0	
Check the urine	1 0	
Check for amniotic fluid - meconium	1 0	
Don't know	1 0	
11.02: Please tell me where the above-mentioned activities should be recorded?		
On a partograph	1 0	
Labor history form	1 0	
On client's anc card	1 0	
On a piece of paper	1 0	
Do not record	1 0	
Other, specify:	1 0	
11.03: Of the list of procedures I am going to read you, please tell me which procedures are carried out routinely during labor and delivery		
Artificial Rupture of Membranes	YES NO DK	
Episiotomies	1 0 8	
Pubic Shavings	1 0 8	
Suctioning nose and mouth of newborn	1 0 8	
Enema	1 0 8	
Other, specify:	0 8	
	1	
11.04: What actions during labor and delivery would you take in an HIV+ woman to prevent/ reduce mother-to-child transmission of the virus?	YES NO	
PMTCT counseling	1 0	
(PROBE: Any other actions or interventions?) style="text-align: center;">Provide ARV prophylaxis to woman in early labor	1 0	
Wipe nose, mouth, eyes of newborn with gauze, avoid suction	1 0	
No routine episiotomy	1 0	
Minimize instrument delivery	1 0	
Hibitane vaginal cleansing	1 0	
Minimize vaginal exam	1 0	
Minimize artificial rupture of membranes	1 0	
Avoid milking cord/ immediate clamp cord	1 0	
Appropriate use of partograph	1 0	
Active mgt of 3 rd stage labor	1 0	

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	Provide ARV prophylaxis to infant	1	0
	Other, specify:	1	0
	Don't know	1	0
11.05: Please tell me, when a woman presents with or develops heaving bleeding after birth (postpartum), what signs do you look for to assess the level of risk to the woman?			
		YES	NO
	Uncontracted/ Atonic Uterus	1	0
	Low blood pressure	1	0
	Rapid pulse	1	0
	Faint/weak pulse	1	0
	Amount of external bleeding	1	0
	Retained products/placenta	1	0
	Genital tract injuries	1	0
	Pallor	1	0
	Check if bladder is full	1	0
	Other, specify:	1	0
	Don't know	1	0
11.06: In case of tears and lacerations, in which locations of the genital tract are they likely to occur?			
	Peri-urethral (anterior)	1	0
	Vaginal	1	0
	Cervix	1	0
	Perineum	1	0
	Other, specify:	1	0
	Don't know	1	0
11.07: What Actions, diagnostic test or interventions are appropriate for a woman who presents with, or develops heavy bleeding postpartum from atonic/ uncontracted uterus?			
PROBE: Any other actions or interventions?	Reassure woman	1	0
	Massage the fundus	1	0
	Empty urinary bladder	1	0
	Give uterotonics IM or IV	1	0
	Perform bimanual compression of uterus	1	0
	Perform abdominal compression of aorta	1	0
	Start IV fluids	1	0
	Take blood for Hb, grouping, and X-matching	1	0
	Refer to a specialist doctor	1	0
	Refer to higher-level hospital	1	0
	Raise foot of bed	1	0
	Other, specify:	1	0
	Don't know	1	0
11.08: What Actions, diagnostic test or interventions are appropriate for a woman with retained placenta/products of conception after delivery?			
PROBE: Any other actions or interventions?	Reassure woman	1	0
	Empty urinary bladder	1	0
	Repeat uterotonic	1	0
	Manually remove placenta/products	1	0
	Give IV fluids	1	0
	Monitor vital signs for shock	12	0
	Check contraction of uterus	1	0
	Massage fundus after removal	1	0
	Give antibiotics	1	0
	Take blood for grouping & X-matching	1	0
	Prepare for theater if bleeding does not stop	1	0
	Refer to specialist doctor	1	0
	Refer to higher-level hospital	1	0
	Other, specify:	1	0

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT
Health Worker Interview & Knowledge Test

	Don't know	1	0
OBSTRUCTED LABOR:			
11.09: Please tell me what are the key signs of obstructed labor?			
PROBE: Any other actions or interventions?	Maternal distress	1	0
	No descent of presenting part	1	0
	No change in cervical dilation	1	0
	Bandl's ring	1	0
	Severe moulding	1	0
	Fetal distress	1	0
	Caput succedaneum	1	0
	First stage > 12 hrs	1	0
	Second stage > 2 hrs	1	0
	Fetal death	1	0
	Hot dry vagina	1	0
	Inadequate pelvis	1	0
	Other, specify:	1	0
	Don't know	1	0
11.10: What actions or interventions are appropriate for a woman with obstructed labor?			
	Reassure woman	1	0
	Start IV fluids	1	0
	Continuous bladder drainage by catheter	1	0
	Attempt use of ventouse (instrumental delivery)	1	0
	Prepare for Cesarean-section	1	0
	Call doctor or refer	1	0
	Parenteral antibiotics	1	0
	Take blood for grouping & x-matching	1	0
	Monitor vital signs	1	0
	Other, specify:	1	0
	Don't know	1	0
POSTPARTUM INFECTIONS			
11.11: Please tell me, what diagnostic tests or evaluations are appropriate with a woman who presents after 72 hours postpartum (home delivery) with general malaise?			
PROBE: Any other actions or interventions?	Assess for vaginal bleeding	1	0
	Check for rapid/faint pulse	1	0
	Check for high fever	1	0
	Check for low blood pressure	1	0
	Check for lower abdominal pain and tenderness	1	0
	Check for foul-smelling vaginal discharge	1	0
	Check for anemia	1	0
	Do Rapid Diagnostic Test (malaria)	1	0
	Other, specify:	1	0
	Don't know	1	0
11.12: What treatment is appropriate for a woman with general malaise after delivery?			
PROBE: Any other actions or interventions?	Start IV fluids	1	0
	Give parenteral antibiotics	1	0
	Give analgesics/antipyretics	1	0
	Start malaria prophylaxis in endemic areas	1	0
	Take endometrial swabs	1	0
	Do ultrasound	1	0
	Start malaria treatment if RDT is positive	1	0
	Perform manual vacuum aspiration	1	0
	Perform conventional evacuation (D&C)	1	0
	Refer to doctor or hospital	1	0
	Other, specify:	1	0
	Don't know	1	0

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT
Health Worker Interview & Knowledge Test

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MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

Health Worker Interview & Knowledge Test

MATERNAL HEALTH CASE STUDY (GIVE PAPER COPY OF FORM TO PROVIDER NOW)

<p>Now I would like to present you with a scenario you might encounter in your practice, and ask you to tell me the actions and interventions that will be needed to manage such cases. As before, there may be more than one action / intervention for each question. For the following questions I would like to sit next to you so we can read the questions together.</p> <p>READ: Section One</p> <p>Guliyiem is brought to the emergency department of the district hospital by her husband after she complained of a severe headache this morning.</p> <p>The following information is available from Guliyiem's antenatal record:</p> <div style="margin-left: 40px;"> <p>She is 20-years old</p> <p>This is her first pregnancy</p> <p>She is 37 weeks of gestation</p> <p>She had two antenatal care visits during this pregnancy at 20 and 33 weeks gestation, and there was nothing that indicated a problem</p> </div>			
<p>11.13: Given the clinical information above, which information MUST be obtained IMMEDIATELY in order to initiate emergency management of her condition?</p>		RESPONSE	
RECORD ALL ANSWERS GIVEN	Time of onset of present symptoms	YES 1	NO 0
	Level of consciousness	1	0
	Fundal height	1	0
	Any convulsions	1	0
	Check vital signs (temp, bp, pulse, respirations)	1	0
	Listen to / assess fetal heart tones	1	0
	Fetal movement	1	0
	Check urine protein	1	0
	Check for abdominal tenderness	1	0
	Any leaking of fluid from vagina	1	0
	Check for vaginal bleeding	1	0
	Other, specify:	1	0
	Don't know	1	0
<p>READ: Section Two</p> <p>Guliyiem reports onset of severe headache and blurred vision six hours prior to coming to the clinic. She denies upper abdominal pain or decreased urine output, and fetal movement is normal. Further information:</p>			
BP	160/120 mm Hg		
Pulse	84/minute		
Temperature	37.2°C		
Respirations	18/minute		
Fetal Heart Tones	140 beats per minute		
Fundal Height	Appropriate for gestational age		
Abdomen	Non-tender		
Patellar reflexes	Normal		
Urine	3+ protein		
Contractions	Two in ten minutes lasting 20 seconds by palpation		
<p>11.14: Given the information presented above, what is your working diagnosis?</p>			
RECORD ALL ANSWERS GIVEN	Kidney infection	1	0
	Pre-eclampsia	1	0
	Severe pre-eclampsia	1	0
	Malaria	1	0
	Eclampsia	1	0
	In labor	1	0
	Other, specify:	1	0
	Don't know	1	0
<p>11.15: What action do you believe is appropriate in managing the MOST urgent presenting condition?</p>			
RECORD ALL ANSWERS GIVEN	Provide antimalarial drugs	1	0
	Send home on strict bed rest	1	0
	If available, stabilize with magnesium sulfate	1	0
	If available, stabilize with anti-hypertensives	1	0

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

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	Document findings and immediately refer Guliyiem to a higher level hospital	1	0
	Other _____	1	0
	Don't know	1	0
11.16: If Mrs. C had been having a convulsion at the time she came to the clinic, what IMMEDIATE actions SHOULD be taken? RECORD ALL ANSWERS GIVEN			
PROBE: Anything else?	Give intravenous diazepam	1	0
	Administer oxygen at 4-6 L PER minute if available	1	0
	Actively restrain	1	0
	Place in side lying position	1	0
	Protect from injury	1	0
	Give magnesium sulfate	1	0
	Provide anti-hypertensives (nifedipine or amlodipine)	1	0
	Other, specify:	1	0
	Don't know	1	0
11.17: What ESSENTIAL equipment and supplies MUST be available at the referral facility for someone with this condition? RECORD ALL ANSWERS GIVEN			
PROBE: Anything else?	IV with normal saline or ringers lactate	1	0
	Urinary catheter and urinary bag	1	0
	Patellar hammer	1	0
	Wrist restraints	1	0
	Suction machine & catheter	1	0
	Oxygen & adult mask	1	0
	Injectable magnesium sulfate	1	0
	Calcium gluconate	1	0
	Injectable antihypertensives	1	0
	Injectable quinine	1	0
	Artemisinin Combination Therapy	1	0
	Other	1	0
	Don't know	1	0
READ: Section Three			
One hour after the treatment, Guliyiem still has a moderate headache, but she has no further convulsions.			
Further information:			
BP	140/100 mm Hg		
Pulse	84/minute		
Temp	37.2°C		
Respirations	18/minute		
Lungs	Clear to auscultation		
Foetal Heart Tones	140 beats per minute		
Abdomen	Non-tender		
Urine output	40mL/hour		
Patellar reflexes	Normal		
Contractions	Three in ten minutes lasting 40–60 seconds by palpation		
Cervix	Soft, 4 cm dilation		
Fetus	Cephalic presentation, head not palpable above the symphysis pubis		
Fetal Heart Tones	130–140 beats per minute		
11.18: What are the APPROPRIATE next steps in management given the condition of Mrs. C at the current time?			
RECORD ALL ANSWERS GIVEN	Repeat magnesium sulfate 4 hours after last dose if respirations and reflexes are normal	1	0
	Repeat mgso4 only if mrs c has another convulsion	1	0
	Maintain diastolic bp between 90-100 through anti-hypertensives	1	0

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

Health Worker Interview & Knowledge Test

Arrange for immediate c-section	1	0
Monitor her labor & begin partograph	1	0
Induce labor immediately	1	0
Auscultate lungs hourly	1	0
Record fluid intake & output hourly	1	0
Get & record respirations, reflexes and patellar reflexes hourly	1	0
Use ergometrine with AMSTL	1	0
Other, specify:	1	0
Don't know	1	0
TIME AT END OF MATERNAL HEALTH KNOWLEDGE QUESTIONS	1	0
	___	___:___
END OF PART 2. PROCEED TO PART 3: NEWBORN HEALTH KNOWLEDGE QUESTIONS		

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

Health Worker Interview & Knowledge Test

PART 3: NEWBORN HEALTH KNOWLEDGE QUESTIONS

(TO BE ADMINISTERED TO ALL SAMPLED NEONATOLOGISTS, OB-GYNS, PEDIATRICIANS, NURSES AND MIDWIVES)

TIME AT BEGINNING OF NEWBORN HEALTH KNOWLEDGE QUESTIONS		____: ____	
<p><i>FOR THE FOLLOWING QUESTIONS, READ THE QUESTION ALOUD TO THE HEALTH WORKER. DO NOT READ THE ANSWER CHOICES ALOUD. IF YOU ARE NOT SURE WHETHER AN ANSWER GIVEN BY HEALTH WORKER MATCHES THAT LISTED, PROBE FOR MORE DETAIL. IF THEY GIVE AN ANSWER THAT IS NOT LISTED, USE THE "OTHER OPTION" AND SPECIFY. USE THE PROBE TO ENCOURAGE HEALTH WORKER TO GIVE AS MANY ANSWERS AS THEY CAN THINK OF. IF THEY CANNOT GIVE AN ANSWER, OR GIVE ONLY ANSWERS THAT DO NOT APPEAR IN LIST, CHOOSE DON'T KNOW.</i></p>			
<p>READ ALOUD: Please answer the following questions on neonatal health to the best of your knowledge. Most of the questions I ask you will require multiple responses from you. Assume all needed supplies, medications, and equipment are available. When thinking about your answers, you should include actions or interventions that could be done at your facility and at a referral facility. I will probe sometimes to help you remember some more information. Please provide all responses that come to mind.</p>			RESPONSE
DELIVERY AND NEWBORN CARE		YES	NO
12.00: Please tell me when a healthy baby is delivered, what care is important to give them immediately after birth and the first few hours thereafter?			
RECORD ALL ANSWERS GIVEN	Wipe face after birth of head	1	0
	Cord care (sterile-cut; applying nothing to stump)	1	0
	Ensure baby is breathing	1	0
	Provide thermal protection	1	0
	Bathe newborn shortly after birth	1	0
	Suction newborn with bulb	1	0
	Initiate breast feeding within one hour	1	0
	Assess/examine newborn within 1 hour	1	0
	Weigh newborn	1	0
	Provide eye prophylaxis	1	0
	Administer vitamin k	1	0
	Give prelacteal feeds	1	0
	Other, specify: _____	1	0
	Don't know	1	0
12.01: Can you please tell me the signs and symptoms of infection (sepsis) in a newborn?			
RECORD ALL ANSWERS GIVEN	Breathing difficulties	1	0
	Cold to touch or fever	1	0
	Restlessness/irritability or difficulty to arouse	1	0
	Poor/no breastfeeding	1	0
	Abdominal distention/vomiting	1	0
	Infection foci on skin, umbilical stump, throat or eyes	1	0
	No apparent source of infection	1	0
	Other, specify: _____	1	0
	Don't know	1	0
12.02: Can you please tell me what the risk factors are for newborn infection (sepsis)?			
RECORD ALL ANSWERS GIVEN	Maternal fever $\geq 38^{\circ}\text{C}$ before or during labor	1	0
	Membranes ruptured ≥ 18 hours prior to delivery	1	0
	Foul smelling amniotic fluid	1	0
	Other, specify: _____	1	0
	Don't know	1	0

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

Health Worker Interview & Knowledge Test

12.03: Can you please tell me how you would treat a baby with risk factors for newborn infection (sepsis) who does not have signs/symptoms of infection			0
RECORD ALL ANSWERS GIVEN	Obtain blood cultures, if available	1	
	Start prophylaxis immediately after birth with ampicillin and gentamicin IM/IV for 2 days	1	0
	After 2 days reassess infant and continue treatment only if signs of sepsis are present or if blood culture is positive	1	0
	Other, specify:	1	0
	Don't know	1	0
12.04: Can you please tell me what actions you would take to treat a newborn diagnosed with sepsis?			
RECORD ALL ANSWERS GIVEN	Obtain blood cultures, if available, before starting antibiotics	1	0
	Give ampicillin (or penicillin) and gentamicin for at least 10 days (ampicillin: 50mg/kg IM/IV every 12 hrs; gentamicin: 5mg/kg IM/IV daily)	1	0
	Give cloxacillin if extensive skin pustules or abscesses as these might be signs of staphylococcus infection	1	0
	If not improving in 2-3 days, change antibiotic treatment or refer baby	1	0
	If not improving in 2-3 days, refer baby	1	0
	Encourage frequent breastfeeding; if unable give expressed breastmilk via nasogastric tube	1	0
	Maintain warmth with skin-to-skin contact	1	0
	Other, specify:	1	0
	Don't know	1	0
12.05: What actions or interventions would you take for a newborn weighing less than 2.5kg?			
RECORD ALL ANSWERS GIVEN	Provide thermal protection	1	0
	Provide extra support to mother to establish and maintain breastfeeding	1	0
	Monitor newborn closely for first 24 hours	1	0
	Ensure infection prevention	1	0
	Monitor sucking capacity	1	0
	Refer to hospital	1	0
	Other, specify:	1	0
	Don't know	1	0
END OF PART 3. GO TO PART 4: ACUTE CARE KNOWLEDGE QUESTIONS			

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT
Health Worker Interview & Knowledge Test

PART 4: ACUTE CARE KNOWLEDGE QUESTIONS

(TO BE ADMINISTERED TO THE DOCTORS SAMPLED FROM THE ACUTE CARE UNIT)

TIME AT BEGINNING OF ACUTE CARE (AMI/STROKE) HEALTH KNOWLEDGE QUESTIONS ____: ____

EXPLAIN TO THE HEALTH WORKER THAT HIS/HER NAME WAS PROVIDED AS A KNOWLEDGEABLE HEALTH PROVIDER AVAILABLE ON THAT DAY. VALIDATE WITH THE HEALTH WORKER THAT HE/SHE DOES PROVIDE SOME ACUTE CARE FOR THE PATIENTS WITH AMI & STROKE IN THIS FACILITY.

READ: Please answer the following questions to the best of your knowledge. Most of the questions I will be asking you will require multiple responses from you. Please provide all responses that come to mind. I will probe sometimes to help you remember some more information.

ACUTE MYOCARDIAL INFARCTION

NO.	QUESTIONS		YES	NO
13.01	Please tell me, what would be first steps to diagnose AMI? DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Review patient history and symptoms	1	0
		Assess presence of risk factors	1	0
		Measure blood pressure	1	0
		Measure pulse	1	0
		Measure temperature	1	0
		Check respiration	1	0
		Other, specify:	1	0
13.02	Can you please tell me the signs and symptoms of AMI? DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Sudden chest pain	1	0
		Shortness of breath	1	0
		Nausea	1	0
		Vomiting	1	0
		Sweating	1	0
		Anxiety	1	0
		Palpitations	1	0
13.03	What are the important risk factors of AMI? DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Other, specify:	1	0
		Previous cardiovascular disease	1	0
		Age greater than 65	1	0
		Smoking	1	0
		High blood pressure	1	0
		Diabetes	1	0
		Obesity	1	0
13.04	Which diagnostic tests should be prescribed to detect heart muscle damage? DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Chronic kidney disease	1	0
		Chronic high stress levels	1	0
		Other, specify:	1	0
		Electrocardiogram (ECG)	1	0
		Echocardiography	1	0
		Cardiac MRI	1	0
		Troponin test	1	0
13.05	What is the immediate treatment for suspected acute myocardial infarction? DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Complete blood test	1	0
		Liver and kidney function	1	0
		Cholesterol test	1	0
		BLOOD CHEMISTRY	H	
		Other, specify:	1	0
		Oxygen	1	0
		Aspirin	1	0
13.06	For cardiac arrest management, what should the treatment plan include?	Nitroglycerin	1	0
		Titrated IV Opioids	1	0
		Other analgesia/anxiolytics	1	0
		Other, specify:	1	0
		Intubation	1	0
		Cardiac massage	1	0
		Defibrillation	1	0
		ECG monitoring	1	0
		Firinolytic therapy	1	0

MATERNAL AND NEWBORN QUALITY OF CARE FACILITY ASSESSMENT

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	DO NOT READ	Oral aspirin	1	0
	RESPONSES. RECORD	Anti-platelet medicines	1	0
	ALL ANSWERS GIVEN	Transfer to PCI- capable center	1	0
		Other, specify:	1	0
ACUTE STROKE				
NO.	QUESTIONS			GO TO
13.07	Please tell me, what the first steps to diagnose stroke include?	Review patient history and symptoms	1	0
		Assess presence of the risk factors	1	0
		Measure blood pressure	1	0
		Measure pulse	1	0
	DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Measure temperature	1	0
		Check respiration	1	0
		Other, specify	1	0
13.08	Please tell me the symptoms of Acute Stroke.	Acute onset	1	0
		Arm and leg weakness	1	0
		Speech disturbance	1	0
		Arm and leg paresthesia	1	0
	DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Headache	1	0
		Nonorthostatic dizziness	1	0
		Other, specify:	1	0
13.09	Please tell me the signs of Acute Stroke.	Arm or leg paresis	1	0
		Dysphasia or dysarthria	1	0
		Facial paresis	1	0
	DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Eye movement abnormality	1	0
		Other, specify:	1	0
13.10	What immediate diagnostic tests are appropriate for suspected stroke cases?	Non-contrast brain CT or MRI	1	0
		Blood serum glucose	1	0
		Serum electrolytes and renal function tests	1	0
		Electrocardiography	1	0
		Markers of cardiac ischemia	1	0
		Complete blood count	1	0
		Platelet count	1	0
	DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Prothrombin time	1	0
		Activated partial thromboplastin time	1	0
		Oxygen saturation	1	0
		Liver functions	1	0
		Other. specify:	1	0
13.11	What steps would you take for the management of a stroke case:	Give insulin	1	0
		Prescribe anti-hypertensive medicines	1	0
		IV transfusion of isotonic sodium chloride	1	0
		Oxygen therapy	1	0
		Temperature monitoring	1	0
	DO NOT READ RESPONSES. RECORD ALL ANSWERS GIVEN	Blood pressure monitoring	1	0
		Monitoring for ischemic changes or arterial fibrillation	1	0
		Other, specify:	1	0