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	☐ Interview done ☐ Person in charge refused interview ☐ Partially completed ☐ 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							
	Q101	**Q102**	**Q103**	**Q104**	**Q105**	**Q106**		
ID Code	**Observer:** 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? **Observer:** If No and not last provider listed → **Next provider** If No and last provider listed → **Q120**	Is [NAME] male or female?	**Observer:** Who is responding to these questions?	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	
				Self 01		Doctoral degree	11	
				Peds Head 02		Post Graduate Degree	12	
				HR 03		Post-Doctoral Degree	13	
				Colle-ague 04		No education	14	
						Other, specify	96	
	FULL NAME	Yes ....1 No 0	Male......01 Female...02	Other 96	YEARS			
PE01								
PE02								
PE03								
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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	Screener	01	Supervisor	17
	Registered Nurse	02	Midwife/Certified midwife	02	Chief of medical staff / Medical director	18
	Registered Nurse / Certified Midwife	03	Nurse midwife	03		
	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 nurse/Nurse supervisor	09	OB/GYN Specialist	24
	Medical Doctor	10			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

	Q109	Q110	Q111	Q112	Q113	Q114	Q115	Q116
				Section 4: Pediatric services staff (continued)				
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. **Observer:** fill out Q110 and Q111 simultaneously line by line	**Observer:** 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?
				USD....1				Yes 1
	YYYY	YYYY		LBD....2	MAX 7	MAX 168	MAX 168	No 0
PE01								
PE02								
PE03								
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PE06								
PE07								
PE08								
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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?		**Observer:** Is this the last provider listed?	Is there any other clinical staff currently working in the pediatric service?	**Observer:** Record time of completion of Section 1 (HH:MM) and → **Section 2**
		Officially off duty	01			
		On sick leave	02			
		On training	03		Yes….1 → **Add health worker to the list and go through questions from Q101.**	
		On maternity leave	04			
		Other authorized absence	05			
		Unauthorized absence	06			
		Late	07	Yes….1		
	Yes ...1 → **Q119**	Other, specify	96	No ….0 → **Next provider**	No ….0	
	No ….0					
PE01						
PE02						_ _ : _ _ AM/PM
PE03						
PE04						
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HOSPITAL STAFF ROSTER

	Section 2: Obstetrics/Gynecology services staff						
	Q201	**Q202**	**Q203**	**Q204**	**Q205**	**Q206**	
ID Code	**Observer:** 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? **Observer:** If No and not last provider listed → **Next provider** If No and last provider listed → **Q220**	Is [NAME] male or female?	**Observer:** Who is responding to these questions?	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
				Self / 01		Doctoral degree	11
				OB/GYN Head / 02		Post Graduate Degree	12
						Post-Doctoral Degree	13
				HR / 03		No education	14
				Colle-ague / 04		Other, specify	96
		Yes …….1	Male……01	Other / 96		
	FULL NAME	No ……..0	Female…02		YEARS	
OB01						
OB02						
OB03						
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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	Screener	01	Supervisor	17
	Registered Nurse	02	Midwife/Certified midwife	02	Chief of medical staff / Medical director	18
	Registered Nurse / Certified Midwife	03	Nurse midwife	03		
	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 nurse/Nurse supervisor	09	OB/GYN Specialist	24
	Medical Doctor	10			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		
OB01						
OB02						
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HOSPITAL STAFF ROSTER

	Q209	Q210	Q211	Q212	Q213	Q214	Q215	Q216
				Section 2: Obstetrics/Gynecology services staff (continued)				
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. **Observer:** fill out Q210 and Q211 simultaneously line by line	**Observer:** 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
OB01								
OB02								
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OB04								
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OB06								
OB07								
OB08								
OB09								
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OB11								
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HOSPITAL STAFF ROSTER

	Q217	Q218		Q219	Q220	Q221
		Section 2: Obstetrics/Gynecology services staff (continued)				
ID Code	Is [NAME] here today?	Can you please tell me why [NAME] is not here today?		**Observer:** Is this the last provider listed?	Is there any other clinical staff currently working in the emergency service?	**Observer:** Record time of completion of Section 2 (HH:MM) and → **Section 3**
		Officially off duty	01			
		On sick leave	02			
		On training	03		Yes….1 → **Add health worker to the list and go through questions from Q201.**	
		On maternity leave	04			
		Other authorized absence	05			
		Unauthorized absence	06			
		Late	07			
	Yes …1 → **Q219** No ….0	Other, specify	96	Yes….1 No ….0 → **Next provider**	No ….0	
OB01						
OB02						_ _ : _ _ AM/PM
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HOSPITAL STAFF ROSTER

	Section 3: Operating Theater (OR) services staff						
	Q301	**Q302**	**Q303**	**Q304**	**Q305**	**Q306**	
ID Code	**Observer:** 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? **Observer:** If No and not last provider listed → **Next provider** If No and last provider listed → **Q320**	Is [NAME] male or female?	**Observer:** Who is responding to these questions?	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
				Self 01		Doctoral degree	11
				OR Head 02		Post Graduate Degree	12
				HR 03		Post-Doctoral Degree	13
				Colle-ague 04		No education	14
		Yes 1	Male......01	Other 96		Other, specify	96
	FULL NAME	No 0	Female...02		YEARS		
SU01							
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		Screener	01	Supervisor	17
	Registered Nurse	02		Midwife/Certified midwife	02	Chief of medical staff / Medical director	18
	Registered Nurse / Certified Midwife	03		Nurse midwife	03		
	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 nurse/Nurse supervisor	09	OB/GYN Specialist	24
	Medical Doctor	10				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		
SU01							
SU02							
SU03							
SU04							
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SU07							
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SU27							
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SU29							
SU30							

	Q309	Q310	Q311	Q312	Q313	Q314	Q315	Q316
	Section 3: Operating Theater (OR) services staff (continued)							
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. **Observer:** fill out Q310 and Q311 simultaneously line by line	**Observer:** 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
SU01								
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SU06								
SU07								
SU08								
SU09								
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SU11								
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HOSPITAL STAFF ROSTER

	Section 3: Operating Theater (OR) services staff (continued)				
	Q317	**Q318**		**Q319**	**Q320**	**Q321**
ID Code	Is [NAME] here today?	Can you please tell me why [NAME] is not here today?		**Observer:** Is this the last provider listed?	Is there any other clinical staff currently working in the emergency service?	**Observer:** Record time of completion of Section 2 (HH:MM) and → **Section 4**
		Officially off duty	01			
		On sick leave	02			
		On training	03		Yes….1 → **Add health worker to the list and go through questions from Q301.**	
		On maternity leave	04			
		Other authorized absence	05			
		Unauthorized absence	06			
		Late	07	Yes….1		
	Yes …1 → **Q319**	Other, specify	96	No ….0 → **Next provider**	No ….0	
	No ….0					
SU01						
SU02						_ _ : _ _ AM/PM
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HOSPITAL STAFF ROSTER

	Section 4: Emergency services staff					
	Q401	**Q402**	**Q403**	**Q404**	**Q405**	**Q406**
ID Code	**Observer:** 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? **Observer:** If No and not last provider listed → **Next provider** If No and last provider listed → **Q420**	Is [NAME] male or female?	**Observer:** Who is responding to these questions?	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
			Self 01			Doctoral degree — 11
			ER Head 02			Post Graduate Degree — 12
			HR 03			Post-Doctoral Degree — 13
			Colle-ague 04			No education — 14
		Yes …….1	Male……01	Other 96		Other, specify — 96
	FULL NAME	No ……..0	Female…02	YEARS		
ER01						
ER02						
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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	Screener	01	Supervisor	17
	Registered Nurse	02	Midwife/Certified midwife	02	Chief of medical staff / Medical director	18
	Registered Nurse / Certified Midwife	03	Nurse midwife	03		
	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 nurse/Nurse supervisor	09	OB/GYN Specialist	24
	Medical Doctor	10			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		
ER01						
ER02						
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HOSPITAL STAFF ROSTER

	Q409	Q410	Q411	Q412	Q413	Q414	Q415	Q416
				Section 4: Emergency services staff (continued)				
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. **Observer:** fill out Q410 and Q411 simultaneously line by line	**Observer:** 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
ER01								
ER02								
ER03								
ER04								
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ER07								
ER08								
ER09								
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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?		**Observer:** Is this the last provider listed?	Is there any other clinical staff currently working in the emergency service?	**Observer:** Record time of completion of Section 4 (HH:MM)
		Officially off duty	01			
		On sick leave	02			
		On training	03		Yes….1 → **Add health worker to the list and go through questions from Q401.**	
		On maternity leave	04			
		Other authorized absence	05			
		Unauthorized absence	06			
		Late	07			
	Yes ...1 → **Q419**	Other, specify	96	Yes….1	No ….0	
	No ….0			No ….0 → **Next provider**		
ER01						
ER02						_ _ : _ _ AM/PM
ER03						
ER04						
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