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Cover Page

Q1: Facility ID	Q2: Facility Name	Q5b: Result <input type="checkbox"/> Interview done <input type="checkbox"/> Partially completed <input type="checkbox"/> Person in charge refused interview <input type="checkbox"/> Person in charge is out
Q3: Observer number	Q4a: Today's date (DD/MM/YYYY) ___ / ___ / _____	

Health Worker Category Codes

1. MD-Obstetrician/Gynecologist	2. MD-Neonatologist	3. MD-Surgeon	4. MD- Family Physician	5. MD - Pediatrician
6. Physician's Assistant	7. Nurse midwife	8. Bachelor and Science of Nursing Nurse	9. Diploma Nurse	10. Nurse with Associate Degree
11. Licensed Practical Nurse	12. Certified midwife	13. Midwife	14. Nurse aide	96. Other, please specify:

THIS SURVEY IS TO BE FILLED BY OBSERVING PATIENTS IN THE SURGERY WARD. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE PATIENT ONLY. IF YOU OBSERVE ACTIVITIES FOR MANY PATIENTS AT THE SAME TIME, YOU NEED A NEW FOLIO FOR EACH PATIENT. ALSO BE SURE TO RECORD THE ID NUMBER OF EVERY STAFF MEMBER WHO WORKS WITH THE PATIENT FOR THE WHOLE TIME YOU ARE OBSERVING THEM, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER. IF THERE ARE MORE THAN FIVE HEALTH WORKERS, USE ADDITIONAL COVER SHEETS. IF YOU OBSERVE ACTIVITIES BEFORE YOU HAVE A CHANCE TO OBTAIN CONSENT FROM THE PATIENT, YOU MUST DESTROY THE FOLIO IF THEY REFUSE CONSENT.

CHECK THE STAFF ROSTER FOR EACH HEALTH WORKER YOU OBSERVE AND SEE IF THEY ARE RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN THEIR SIGNATURE. IF YES, REMIND THEM USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form? Yes → go to Q6a No → go to Q7a

Q6a: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? Yes → go to Q8a No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
 Yes → go to Q8a No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8a Staff Roster ID number	Q9a Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Q10a: Health Worker Category Code (see below for codes)

Q5b: Has the health worker previously signed a consent form? Yes → go to Q6b No → go to Q7b

Q6b: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? Yes → go to Q8b No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7b: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
 Yes → go to Q8b No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8b Staff Roster ID number	Q9b Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Q10b: Health Worker Category Code (see below for codes)

Q5c: Has the health worker previously signed a consent form? Yes → go to Q6c No → go to Q7c

Q6c: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? Yes → go to Q8c No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7c: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
 Yes → go to Q8c No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8c Staff Roster ID number	Q9c Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Q10c: Health Worker Category Code (see below for codes)

EMERGENCY AND SURGERY
Post Triage, Post Surgical Ward Care (for patients admitted for observation)

ID #

RECORD TIME OBSERVATION BEGINS (HH:MM)	--:-- AM/PM									
ANSWER THE FOLLOWING AS:	YES-1 NO-2	DK-8 NA-9								
Q6. Did the health worker take the patient's blood pressure?										
Q7. Did the health worker take the patient's pulse?										
Q8. Did the health worker assess the patient's respiratory rate?										
Q9. Did the health worker assess bleeding?										
Q10. Did the health worker assess fluid input?										
Q11. Did the health worker measure fluid output?										
RECORD TIME OBSERVATION ENDS (HH:MM)	--:-- AM/PM									