

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
<p><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.</p>	<p>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></p>	<p>Is [NAME] male or female?</p>	<p><b>Observer:</b> Who is responding to these questions?</p>	<p>How old is [NAME] ?</p>	<p>What is the highest academic qualification that [NAME] obtained?</p>	
					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					
	Self	01				
	Peds Head	02				
	HR	03				
	Colleague	04				
	Other	96		YEARS		
PE01	FULL NAME	Yes .....1 No .....0	Male.....01 Female...02			
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	Screeener	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	
	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
PE01								
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PE06								
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HOSPITAL STAFF ROSTER

Section 1: Pediatric services staff (continued)						
ID Code	Q117	Q118		Q119	Q120	Q121
	Is [NAME] here today?          Yes ...1 → <b>Q119</b> No ....0	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 pediatric service?          Yes....1 → <b>Add health worker to the list and go through questions from Q101.</b> No ....0	<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				
PE01						
PE02						__ : __ AM/PM
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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	
ID Code	<p><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.</p>	<p>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></p>	<p>Is [NAME] male or female?</p>	<p><b>Observer:</b> Who is responding to these questions?</p>	<p>How old is [NAME] ?</p>	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	Self 01 OB/GYN Head 02 HR 03 Colleague 04 Other 96	YEARS		
OB01							
OB02							
OB03							
OB04							
OB05							
OB06							
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HOSPITAL STAFF ROSTER

Section 2: Obstetrics/Gynecology services staff (continued)						
ID Code	Q207		Q208			
	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 / 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	
	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)

ID Code	Q209	Q210	Q211	Q212	Q213	Q214	Q215	Q216
	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
OB01								
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OB06								
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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	
	<p><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.</p>	<p>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></p>	<p>Is [NAME] male or female?</p>	<p><b>Observer:</b> Who is responding to these questions?</p>	<p>How old is [NAME] ?</p>	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	Self 01 OR Head 02 HR 03 Colle-ague 04 Other 96	YEARS		
SU01							
SU02							
SU03							
SU04							
SU05							
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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 / 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	
	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	Q310	Q311	Q312	Q313	Q314	Q315	Q316
	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 Q310 and Q311 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
SU01								
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SU06								
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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			
SU01						__ : __ AM/PM
SU02						
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HOSPITAL STAFF ROSTER

Section 4: Emergency services staff						
ID Code	Q401	Q402	Q403	Q404	Q405	Q406
<p><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.</p>	<p>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></p>	<p>Is [NAME] male or female?</p>	<p><b>Observer:</b> Who is responding to these questions?</p>	<p>How old is [NAME] ?</p>	<p>What is the highest academic qualification that [NAME] obtained?</p>	
					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					
	Self	01				
	ER Head	02				
	HR	03				
	Colleague	04				
	Other	96		YEARS		
	Yes .....1	Male.....01				
	No .....0	Female...02				
	FULL NAME					
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HOSPITAL STAFF ROSTER

**Section 4: Emergency services staff (continued)**

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	01	Supervisor		17
	Registered Nurse	02	02	Midwife/Certified midwife	Chief of medical staff /	18
	Registered Nurse / Certified Midwife	03	03	Nurse midwife	Medical director	
	Ophthalmic Registered Nurse	04	04	Midwife supervisor	County health officer	19
	Anesthetist Registered Nurse	05	05	Nurse aide	General Practitioner	20
	Licensed Practical Nurse	06	06	Nurse/Registered nurse	Medical Doctor	21
	Associate Degree Nurse	07	07	Staff nurse	Surgeon	22
	Bachelors of Science Nurse	08	08	Assistant head nurse	Pediatrician	23
	Physician Assistant	09	09	Head nurse/Charge nurse/Nurse supervisor	OB/GYN Specialist	24 96
	Medical Doctor	10			Other, specify	
	Specialist	11	10	Nurse anesthetist		
	Other, specify	96	11	Nurse ophthalmic		
			12	Scrub nurse		
			13	Physician Assistant		
			14	OR aide		
			15	OR technician		
			16	Assistant Supervisor		
ER01						
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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
ER01								
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HOSPITAL STAFF ROSTER

Section 4: Emergency services staff (continued)						
ID Code	Q417	Q418		Q419	Q420	Q421
	Is [NAME] here today?          Yes ...1 → <b>Q419</b> No ....0	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?          Yes....1 → <b>Add health worker to the list and go through questions from Q401.</b> No ....0	<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			
		Other, specify	96			
ER01						
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