

STAFF QUESTIONNAIRE

DISTRICODES

QUESTNUM

State

LGA

District/Ward

Facility

Staff

O

Interviewer's Name INTNAMES

Interview date	Month	Day	Start time	End time	Language	Survey completed?
First Interview	FINTDATE		FINTSTIME	FINTETIME	FINTLANG	FINTCOMP
Second Interview	SINTDATE		SINTSTIME	SINTETIME	SINTLANG	SINTCOMP

Supervisor's Name SUPNAMES

Confirmation	Month	Day	Initials
Survey Complete	SURVCOMPDA		SURVCOINI
Data Entry Complete	DATAECOMD		DATAEINI

Data entry Technician's Name **ENTNAMES**

Entry Date	Month	Day	Sections completed
First Entry	FENTRYDAT		FENTRYSEC
Second Entry	SENTRYDATE		SENTRYSEC

Notes.....

	Identification	Code
State		
LGA		
Health District/Ward		
Facility Name		
Address	ADDRESSS	

SECTION 1. - Personal Details

1.1. What is your designation? **DESIGNATS**

1=Medical Officer	7=Environmental Health Officer	
2=Community Health Officer	8=Laboratory Technician	
3=Nurse	9=Pharmacy Technician	
4=Nurse/Midwife	10=Medical Records Officer	
5=SCHEW	11=Dental Assistant	
6=JCHEW	12=Other (specify) <u>IFOTHERSPE</u>	

1.2. Gender **GENDER** 1=Male 2=Female

1.3. Age (in years) **AGE**

1.4. What is your highest level of education completed? **EDUCATIONS**

1=Completed primary school	4=Completed University Education
2=Completed secondary school	5=Postgraduate education
3=OND/HND	

1.5. When you started public service, who employed you? **WHOEMPLOYE**

1=State	4=Community	
2=LGA	5=Other (specify) N15OTHER	
3=NPHCDA		

1.6. What was your civil service grade level when you started in PHC service delivery? **GRADELEVEL** **G.L.**

1.7. What is your current government grade level? **CURGRADE** **G.L.**

1.8. How many years have been working in primary health care? **PRIMARYHEA**
(Give number in years) (If less than 1 year, enter '0')

1.9. How many years have you been working in this Facility?

(If less than 12 months, enter "0")

WORKFACS

1.10. How many LGAs have you worked in previously? (Not counting this one) **PREVIOUSLY**

1.11. Are you an indigene of this community? **INDIGENE** 1=Yes 2=No

1.12. How far away from the Facility do you live? **FARAWAYFAC**
(Enter '0' if < 1km) Km

1.15. How long does it usually take for you to get to work?
TIME Hrs Mins

1.16. How do you usually get to work? **GETTOWORK**

1=Walk	3=Motorcycle	5=Car
2=Bicycle	4=Bus/taxi (public)	6=Others (specify) N116OTH
	

1.17 Do you have spouse or children? **HAVESPOUSE** 1=Yes 2=No

1. If YES, are they living with you? **LIVING** 1=Yes 2=No

b. If they are not living with you, how far away are they living?
HOWFAR Km

SECTION 2 - Work Conditions and Staff Perceptions
Section 2.1. - Pay

2.1.1. Who pays your salary? **PAYS**

1=Federal Government	5=VDC/Community	
2=State	6=NGOs/Donors	
3=LGA	7=Individuals	
4=DDC/WDC	8=Other (specify) N211OTH	

2.1.2. What is your monthly Salary? **MONTHSAL**

your salary? **MONTHS**

2.1.3. In the last 12 months, how many months have you been paid Months

2.1.4. In months in which you HAVE been paid, how many months did you receive your salary late? (*Late means one week or more after your usual pay day. Consider only the last 12 months*) Months
SALARYLATE

2.1.5. Do you receive any of the following in kind-benefits (free and subsidized) for working in this Facility?

a.	Health Care	HEALTHCARE	1=Yes	2=No	<input type="text"/>
b.	Medicines	MEDICINES	1=Yes	2=No	<input type="text"/>
c.	Schooling for children	SCHOOLING	1=Yes	2=No	<input type="text"/>
d.	Housing	HOUSING	1=Yes	2=No	<input type="text"/>
f.	Food items	FOOD	1=Yes	2=No	<input type="text"/>

2.1.6. Do you do anything to supplement your salary?
SUPPLEMENT 1=Yes 2=No

2.1.7. If YES, what?

a.	Agricultural work	AGRIC	1=Yes	2=No	<input type="text"/>
b.	Commercial/petty trade	PETTY	1=Yes	2=No	<input type="text"/>
c.	Work in a private clinic/facility	CLINIC	1=Yes	2=No	<input type="text"/>
d.	Provide health care in your home or in the homes of patients	HOME	1=Yes	2=No	<input type="text"/>
e.	Sell Medicines	SELLMED	1=Yes	2=No	<input type="text"/>
f.	Other (specify)	OTHER (yes/no).....	1=Yes	2=No	<input type="text"/>
		N217OTH (specify)			<input type="text"/>

2.1.8. How many patients do you see outside the facility per week?
WEEK

2.1.9. Do these patients pay for the services you provide?
SERVICES 1=Yes 2=No

2.1.10. How many of these patients are referred from this health facility?

HEALTH

SECTION 2.2 - Training

2.2.1. How many times did you receive the following kinds of training in the last 12 months, and for how long? In the third column, enter appropriate code as follows:

1=Federal Government/NPHCDA

2=State Government

3=LGA/PHCMC

4=DDC/WDC/VDC/CDC

5=Facility Head/Staff

a. Out-Patient Care **OUTP**

1=Yes 2=No

b. Deliveries **DELIVERIES**

1=Yes 2=No

c. In-Patient Care **INP**

1=Yes 2=No

d.

e.

f.

g.

h.

i.

a. Vaccination/Cold Chain Management

b. Treatment/Diagnosis of ARI

c. Treatment/Diagnosis of Diarrhoea

d. Treatment/Diagnosis of Malaria **Do you think you have adequate equipment to do your job?**

EQUIPMENT

e. Nutrition

f. Maternity Care

g. Family Planning

h. Drug Use and Management

i. STI/HIV/AIDS **STRIKE**

j. Others (specify) **N221OTH**

2.3.6. If YES, how many months did the strike last? (Enter 0 if < 1 month)

STRIKELAST

No. of Times	Total No. of Days	Who Decided It
VACNTIME	VACNDAY	VACWDECIDE
ARINTIME	ARINDAY	ARIWDECIDE
DIATIME	DIANDAY	DIAWDECIDE
ARINTIME	ARINDAY	ARIWDECIDE
NUTNTIME	NUTNDAY	NUTWDECIDE
FPNTIME	FPNDAY	FPWDECIDE
DRUGNTIME	DRUGNDAY	DRUGWDECIDE
STINTIME	STINDAY	STIWDECIDE
OTHNTIME	OTHNDAY	OTHWDECIDE

Are you a member of a union or staff association?

Has the union gone on strike in the last 12 months?

Section 2.3. : Time Allocation and Working Conditions

2.3.1. **Last Week**, how many days did you work in the facility?

DAYS

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Days

2.3.2. **In the last one week**, did you perform any of these services in the health centre?

2.3.7. In your opinion, what is the main criterion for promotion of staff in this LGA?

1=Number of years in service

2=Recommendations from top management

3=Merit/performance/obtaining additional qualifications

4=Personal connections

SECTION THREE

Section 3.1. : Home Conditions

3.1.1. How many people normally live in your household (including yourself)?
PEOPLELIVI

3.1.2. How many rooms do you have in your house (excluding kitchen and

3.1.3. Does your household own any of the following assets?

- a. Bicycle **BICYCLE** 1=Yes 2=No
- b. Motorbike **MOTORBIKE** 1=Yes 2=No
- c. Car/Van **CAR** 1=Yes 2=No
- d. Boat **BOAT**

3.1.4. What type of toilet system does the household use? **TOILET**
1=Bush 3=Flush Toilet

2=Pit Latrine 4=Other (specify) **N314OTH**

SECTION FOUR

Section 4.1. : Professional Issues

4.1.1. For training purposes, would you like another health worker
to watch you diagnose and treat patients?

1=Yes 2=No

PURPOSE

4.1.2. In the past month, how many times has another health worker watched
you diagnose and treat patients for training purposes? **TIMES**

4.1.3. In the past month, how many patient cases have you discussed with another

DISCUSSED		
4.1.4. In the past month, how many patients have you referred to another health care facility) REFERRED		
4.1.5. Would you like to stop seeing patients and go into health administration and SEEING		
1=Yes (go into management)	2=No (keep seeing patients)	
4.1.6. If you could go for training for one week, and you could choose training in		
1=health education	5=accounting	
2=reproductive health/child health	6=human relations	
3=cardio-vascular diseases	7=go to work (none of these is Interesting)	
4=management		
4.1.7. Which do you consider more useful? CONSIDER		
1=routine immunization	2=National Immunization Days	
4.1.8. Last week, how many patients did you attend to? ATTEND		
4.1.9. Out of these patients that you saw last week, how many had already seen		
4.1.10. When a patient comes to you who already has seen another health care agnosis? DIAGNOSIS		
1=Never	4=Always	

2=Once in a while	5=Not applicable
3=Usually	
4.1.11. When another health care worker has given your patient the wrong diagnosis	
a.	
TELL	
b. not tell the patient that diagnosis was wrong but adjust the treatment and monitor the patient	1=Yes 2=No
ADJUST	
c. send the patient back to the original health care worker for another diagnosis	1=Yes 2=No
SEND	
d. discuss the issue in staff meeting	1=Yes 2=No
STAFFMEETS	
e. get advice from several other health care workers	1=Yes 2=No
ADVICE	
f. other (specify) WHATOTHER (N4111OTH)	1=Yes 2=No
g. Not applicable NOTAPPLIC	1=Yes 2=No
4.1.12. In your opinion, which of the following is the most objectionable health staff behaviour? (<i>Do not read out the list</i>) OPINION	
1=Being rude to patients	
2=Bad hygienic practices (on the part of the health staff)	
3=Selling drugs to a patient even though the patient doesn't need the medicine	

- 4=Overcharging a poor patient
- 5=Giving a patient expired drugs
- 6=Other (specify) **N4112OTH**

4.1.13. If you knew with certainty that a health care worker in a nearby primary health care centre was engaging in this objectionable behaviour, what would you do first? **ENGAGING**

- 1=nothing, let it be
- 2=call the police
- 3=talk to the health care worker without telling anyone else
- 4=tell the head of department
- 5=tell the VDC/CDC/WDC/DDC
- 6=talk to the health care worker’s patients
- 7=Other (specify) **N4113OTH**

Thank you for taking your time to answer the questions.