

Provider Listing Form

FACILITY NUMBER

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 INTERVIEWER CODE

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LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE"**, AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER"**. PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INTERVIEW"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER QUESTIONNAIRE"**, CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

[illegible]

01	GENERALIST MEDICAL DOCTOR	07	REGISTERED NURSE (INCLUDING NURSING OFFICERS AND MIDWIVES)	13	LABORATORY SCIENTIST
02	SPECIALIST MEDICAL DOCTOR	08	ENROLLED NURSE (INCLUDING TRAINED NURSES AND PUBLIC HEALTH NURSE)	14	LABORATORY TECHNOLOGIST
03	ASSISTANT MEDICAL OFFICER	09	NURSE ASSISTANT/ATTENDANT	15	LABORATORY TECHNICIAN
04	CLINICAL OFFICER			16	LABORATORY ASSISTANT
05	ASSISTANT CLINICAL OFFICER			96	OTHER

PROVIDER LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT																			
FACILITY NUMBER		INTERVIEWER CODE																	
<p>LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED. AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE PROVIDER'S GENDER UNDER COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN COLUMN 6 "INTERVIEWED FOR INVENTORY", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW", CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.</p>																			
(1)	(2)	(3)	(4)	(5)										(6)	(7)				
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	SERVICES PROVIDED IN FACILITY										INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW				
				PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT				ANC	PMCT	DELIVERY	FAM PLANNING			CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES
				HIV/AIDS RELATED	MALARIA	TB	STI	NCD											
41																		41	41
42																		42	42
43																		43	43
44																		44	44
45																		45	45
46																		46	46
47																		47	47
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57																		57	57
58																		58	58
59																		59	59
60																		60	60

PROVIDER QUALIFICATION CATEGORY:	
01 GENERALIST MEDICAL DOCTOR	13 LABORATORY SCIENTIST
02 SPECIALIST MEDICAL DOCTOR	14 LABORATORY TECHNOLOGIST
03 ASSISTANT MEDICAL OFFICER	15 LABORATORY TECHNICIAN
04 CLINICAL OFFICER	16 LABORATORY ASSISTANT
05 ASSISTANT CLINICAL OFFICER	96 OTHER

FACILITY NUMBER				INTERVIEWER CODE		

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE PROVIDER'S GENDER UNDER COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN COLUMN 6 "INTERVIEWED FOR INTERVIEW", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN COLUMN 7 "SELECTED FOR HEALTH WORKER QUESTIONNAIRE", CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

[illegible]

01	GENERALIST MEDICAL DOCTOR	07	REGISTERED NURSE (INCLUDING NURSING OFFICERS AND MIDWIVES)	13	LABORATORY SCIENTIST
02	SPECIALIST MEDICAL DOCTOR	08	ENROLLED NURSE (INCLUDING TRAINED NURSES AND PUBLIC HEALTH NURSE)	14	LABORATORY TECHNOLOGIST
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04	CLINICAL OFFICER			16	LABORATORY ASSISTANT
05	ASSISTANT CLINICAL OFFICER			96	OTHER

PROVIDER LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

INTERVIEWER CODE

USE THIS FORM TO COMPILE THE NAMES OF HEALTH WORKERS WHO WORK IN THE FACILITY BUT WHO ARE NOT PRESENT IN THE FACILITY ON THE DAY OF YOUR VISIT. OBTAIN THIS INFORMATION FROM THE FACILITY INCHARGE OR ANOTHER KNOWLEDGEABLE PERSON. THEY MAY BE OUT SICK, NOT ON DUTY THAT DAY, OR ABSENT FOR SOME OTHER REASON. IF THERE IS NOT ENOUGH SPACE TO LIST ALL SUCH PROVIDERS, STOP THE LIST AT 99. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE GENDER IN COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS IN COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. ASK THE INCHARGE TO TELL YOU THE SERVICES THAT THESE PEOPLE PROVIDE AS PART OF THEIR WORK IN THE FACILITY.

(1)	(2)	(3)	(4)	(5)										(6)	(7)			
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	SERVICES PROVIDED IN FACILITY										INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW			
				PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANTENATAL CARE	PMCT	DELIVERY			FAM PLANNING	CHILD HEALTH	SURGERY
81																	81	81
82																	82	82
83																	83	83
84																	84	84
85																	85	85
86																	86	86
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93																	93	93
94																	94	94
95																	95	95
96																	96	96
97																	97	97
98																	98	98
99																	99	99

PROVIDER QUALIFICATION CATEGORY:

01 GENERALIST MEDICAL DOCTOR

02 SPECIALIST MEDICAL DOCTOR

03 ASSISTANT MEDICAL OFFICER

04 CLINICAL OFFICER

05 ASSISTANT CLINICAL OFFICER

07 REGISTERED NURSE (INCLUDING NURSING OFFICERS AND MIDWIVES)

08 ENROLLED NURSE (INCLUDING TRAINED NURSES AND PUBLIC HEALTH NURSE)

09 NURSE ASSISTANT/ATTENDANT

13 LABORATORY SCIENTIST

14 LABORATORY TECHNOLOGIST

15 LABORATORY TECHNICIAN

16 LABORATORY ASSISTANT

96 OTHER

