



Health Results Based Financing Impact Evaluation
TAJIKISTAN
2014

Health Facility Questionnaire

F2 - Health Worker Individual Questionnaire for Health House

IDENTIFIER					
HEALTH DISTRICT			HF NUMBER		HW NUMBER

PROVINCE NAME	PROVINCE CODE	DISTRICT NAME	DISTRICT CODE	LOCALITY NAME	LOCALITY CODE

GPS COORDINATES OF HEALTH FACILITY													
LATITUDE (NORTH)				.									
LONGITUDE (EAST)				.									

NAME OF HEALTH FACILITY	LOCATION OF HEALTH FACILITY

INTERVIEWER	CODE

VISIT 1	DAY			MONTH			YEAR				
VISIT 2	DAY			MONTH			YEAR				
VISIT 3	DAY			MONTH			YEAR				

RESULT OF THE INTERVIEW	INTERVIEW DONE	01
	PARTIALLY COMPLETED	02
	PERSON IN CHARGE REFUSED INTERVIEW	03
	PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)	04
	FACILITY IS EMPTY (NO STAFF MEMBERS)	05
	HEALTH FACILITY NOT FOUND	06
OTHER, SPECIFY:		96

LANGUAGE			
LANGUAGE 1	01	TAJIK	04
LANGUAGE 2	02	RUSSIAN	05
LANGUAGE 3	03	OTHER, SPECIFY:	96

INTERVIEW	RESPONDENT	Translator Used?	NEVER	01
			SOMETIMES	02
			ALWAYS	03

SUPERVISOR	CODE	DAY			MONTH			YEAR				DATA ENTRY OPERATOR	CODE	DAY			MONTH			YEAR			

(1) General Information		RECORD RESPONSE														
(1.01)	May I know your name?															
(1.02)	ENTER HEALTH WORKER ID CODE FROM STAFF ROSTER IN FORM F1															
(1.03)	GENDER	<table border="1"> <tr> <td>MALE</td> <td>01</td> </tr> <tr> <td>FEMALE</td> <td>02</td> </tr> </table>	MALE	01	FEMALE	02										
MALE	01															
FEMALE	02															
(1.04)	How old are you?	YEARS														
(1.05)	What is your marital status?	<table border="1"> <tr> <td>Single</td> <td>01</td> </tr> <tr> <td>Married/Living together</td> <td>02</td> </tr> <tr> <td>Widowed</td> <td>03</td> </tr> <tr> <td>Divorced/separated</td> <td>04</td> </tr> </table>	Single	01	Married/Living together	02	Widowed	03	Divorced/separated	04						
Single	01															
Married/Living together	02															
Widowed	03															
Divorced/separated	04															
(1.06)	Were you born in this district?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2										
YES	1															
NO	2															
(1.09)	What is the highest level of education you ever completed?	<table border="1"> <tr> <td>Graduated from the Medical College</td> <td>01</td> </tr> <tr> <td>Graduated from the Medical University</td> <td>02</td> </tr> <tr> <td>Undergraduate (Baccalaureate)</td> <td>03</td> </tr> <tr> <td>Masters (magistracy)</td> <td>04</td> </tr> <tr> <td>Postgraduate student</td> <td>05</td> </tr> <tr> <td>PhD/MD</td> <td>06</td> </tr> <tr> <td>Other, specify:</td> <td>96</td> </tr> </table>	Graduated from the Medical College	01	Graduated from the Medical University	02	Undergraduate (Baccalaureate)	03	Masters (magistracy)	04	Postgraduate student	05	PhD/MD	06	Other, specify:	96
Graduated from the Medical College	01															
Graduated from the Medical University	02															
Undergraduate (Baccalaureate)	03															
Masters (magistracy)	04															
Postgraduate student	05															
PhD/MD	06															
Other, specify:	96															
(1.10)	How many year(s) and month(s) have you been working after formal completion of your highest education?	a. YEARS														
	RECORD YEARS AND MONTHS. IF LESS THAN A YEAR, RECORD "0" IN YEARS AND RECORD NUMBER OF MONTHS.	b. MONTHS (RANGE IS 0-11)														

(1.11)	How many year(s) and month(s) have you worked as a health worker at this facility?	a. YEARS	
	RECORD YEARS AND MONTHS. IF LESS THAN A YEAR, RECORD "0" IN YEARS AND RECORD NUMBER OF MONTHS.	b. MONTHS (RANGE IS 0-11)	
(1.12)	What is your position as a health worker as designated by the Ministry of Health?	Family Physician 01	
		Obstetrician/Gynecolo 02	
		Clinical intern/junior doctor 03	
		Midwife 04	
		Family Nurse 05	
		Feldsher 06	
		Other, specify: 96	
(1.13)	Now I am going to ask you about the services that you have provided in the past 3 months.		
	<p>INTERVIEWER: READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE HEALTH WORKER PROVIDED THE SERVICE AT LEAST ONCE IN THE PAST 3 MONTHS, "2" IF NOT.</p> <p>IF THE HEALTH WORKER HAS WORKED AT THE CURRENT HEALTH FACILITY FOR LESS THAN 3 MONTHS, ASK ABOUT THE SERVICES PROVIDED WITHIN THE DURATION AT THIS HEALTH FACILITY.</p>	c Curative consultation for children	
		d Curative consultation for adults	
		e Family planning consultation	
		f Antenatal care consultation (ANC)	
		g Postnatal care consultation (PNC)	
		i Deliveries at home	
		j Tuberculosis diagnosis/treatment	
		k Vaccinations	
		l Growth monitoring /Nutrition counselling	
		m Malaria treatment	
		p Treatment of disability and chronic diseases	
		q Treatment of diseases of the digestive system	
		r Treatment of endemic goiter	
		s Treatment of diabetes	
t Treatment of patients with hypertension			
u Other, specify:			

(2) Staff Training					
(2.01)	<p>For each subject I mention, I would like to know the most recent time you received in-service training. Please do not include your initial medical or nursing education.</p> <p>INTERVIEWER: THIS TRAINING INCLUDES ONLY THE TRAINING RECEIVED AFTER UNDERGOING PROFESSIONAL EDUCATION. FOR EXAMPLE, TRAINING RECEIVED AS PART OF THE BACHELOR OF MEDICINE AND SURGERY (MBBS) OR MEDICAL DOCTOR (MD) PROGRAM <u>SHOULD NOT</u> BE MENTIONED HERE.</p> <p>READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE TRAINING OCCURED LESS THAN A YEAR AGO, "2" IF IT OCCURED MORE THAN A YEAR AGO, AND "3" IF THE WORKER WAS NEVER TRAINED IN THIS SPECIALTY AFTER THEIR EDUCATION. RECORD "1" OR "2" FOR UP TO 3 "OTHER" TRAINING AND SPECIFY WHICH ONES.</p>				
		TRAINING LESS THAN 1 YEAR AGO	TRAINING MORE THAN 1 YEAR AGO	NEVER TRAINED	RECORD RESPONSE
a	Integrated Management of Childhood Illness (IMCI)	1	2	3	
b	Malaria	1	2	3	
c	Tuberculosis diagnosis and treatment	1	2	3	
d	Reproductive Health / Family planning	1	2	3	
e	Antenatal care	1	2	3	
f	Labor and delivery	1	2	3	
g	Emergency Obstetric and Newborn Care	1	2	3	
h	Newborn Care	1	2	3	
i	Postnatal / Postpartum care	1	2	3	
j	Breastfeeding, including Environmental Breastfeeding	1	2	3	
k	Mental Health	1	2	3	
l	Nutrition and growth monitoring	1	2	3	
m	HIV/AIDS testing and counseling	1	2	3	
n	HIV/AIDS treatment and follow-up (Antiretroviral therapy, ART)	1	2	3	
o	Prevention of mother to child transmission of HIV/AIDS (PMTCT)	1	2	3	
p	Management of Sexually Transmitted Infections (STI)	1	2	3	
q	Immunization / Vaccination	1	2	3	
r	Adult curative care	1	2	3	
s	Management and administration	1	2	3	
t	Community Health / Outreach	1	2	3	
u	Family medicine training-ad after consultation with the MoH	1	2	3	
v	Diabetes ad after consultation with the MoH	1	2	3	
w	Hypertension ad after consultation with the MoH	1	2	3	
x	Other, specify:	1	2	3	

				RECORD RESPONSE
(2.02)	Are there other training needs you personally feel you need for your present job?	YES	1	
		NO	2 ▶ (3.01)	
(2.03)	What kind of additional training do you feel you need for your present job? INTERVIEWER: DO NOT READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED.			RECORD RESPONSE
		YES	NO	
a	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)	1	2	
b	MALARIA	1	2	
c	TUBERCULOSIS DIAGNOSIS AND TREATMENT	1	2	
d	REPRODUCTIVE HEALTH / FAMILY PLANNING	1	2	
e	ANTENATAL CARE	1	2	
f	LABOR AND DELIVERY	1	2	
g	EMERGENCY OBSTETRIC AND NEWBORN CARE	1	2	
h	NEWBORN CARE	1	2	
i	POSTNATAL / POSTPARTUM CARE	1	2	
j	BREASTFEEDING, INCLUDING ENVIRONMENTAL BREASTFEEDING	1	2	
k	MENTAL HEALTH	1	2	
l	NUTRITION AND GROWTH MONITORING	1	2	
m	HIV/AIDS TESTING AND COUNSELING	1	2	
n	HIV/AIDS TREATMENT AND FOLLOW-UP (ANTI RETROVIRAL THERAPY, ART)	1	2	
o	PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV/AIDS (PMTCT)	1	2	
p	MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS (STI)	1	2	
q	IMMUNIZATION / VACCINATION	1	2	
r	ADULT CURATIVE CARE	1	2	
s	MANAGEMENT AND ADMINISTRATION	1	2	
t	COMMUNITY HEALTH / OUTREACH	1	2	
u	Family medicine training-ad after consultation with the MoH	1	2	
v	Diabetes	1	2	
w	Hipertention	1	2	
x	Cardiovascular diseases			
y	OTHER, SPECIFY:	1	2	

(3) Hours and Duties			RECORD RESPONSE									
(3.01)	How many hours per week are you contracted to work at this facility? RECORD AVERAGE NUMBER OF HOURS PER WEEK.	HOURS PER WEEK										
(3.02)	We realize that health workers cannot always fulfill their duties and stick to their assigned schedules. In the last 30 days, how many days were you absent from work?	NUMBER OF DAYS IN THE LAST 30 DAYS										
(3.03)	In the last 7 days, how many days did you work at this facility including home visits?	NUMBER OF DAYS IN THE LAST 7 DAYS. MAXIMUM 7.										
(3.04)	In the last 7 days, how many hours did you work at this facility in total, including time spent on home visits?	NUMBER OF HOURS IN THE LAST 7 DAYS. MAXIMUM 168.										
(3.05)	In comparing to 12 months ago, would you say the number of hours you work in a week have increased, decreased or remained the same, including home visits and other prevention activities?	<table border="1"> <tr> <td>Increased</td> <td>01</td> </tr> <tr> <td>Decreased</td> <td>02</td> </tr> <tr> <td>Remained the same</td> <td>03</td> </tr> </table>	Increased	01	Decreased	02	Remained the same	03				
Increased	01											
Decreased	02											
Remained the same	03											
(3.06)	Have you ever been absent from work without authorised leave?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 ► (3.08)</td> </tr> </table>	YES	1	NO	2 ► (3.08)						
YES	1											
NO	2 ► (3.08)											
(3.07)	<p>The <u>last time</u> you were away from work without authorized leave, what type of activity were you doing?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1</p> <p>NOT MENTIONED.....2</p>	<table border="1"> <tr><td>a. I GOT STUCK TRAVELING TO WORK</td></tr> <tr><td>b. I WAS SICK</td></tr> <tr><td>c. I WAS CARING FOR SICK RELATIVES</td></tr> <tr><td>d. I WAS ATTENDING ANOTHER JOB (PAID)</td></tr> <tr><td>e. I WAS ATTENDING ANOTHER JOB (UNPAID)</td></tr> <tr><td>f. I WAS CARING FOR CHILDREN</td></tr> <tr><td>g. I WAS DOING HOUSEHOLD CHORES</td></tr> <tr><td>h. I WAS TIRED FROM THE PREVIOUS DAY</td></tr> <tr><td>i. OTHER, SPECIFY:</td></tr> </table>	a. I GOT STUCK TRAVELING TO WORK	b. I WAS SICK	c. I WAS CARING FOR SICK RELATIVES	d. I WAS ATTENDING ANOTHER JOB (PAID)	e. I WAS ATTENDING ANOTHER JOB (UNPAID)	f. I WAS CARING FOR CHILDREN	g. I WAS DOING HOUSEHOLD CHORES	h. I WAS TIRED FROM THE PREVIOUS DAY	i. OTHER, SPECIFY:	
a. I GOT STUCK TRAVELING TO WORK												
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g. I WAS DOING HOUSEHOLD CHORES												
h. I WAS TIRED FROM THE PREVIOUS DAY												
i. OTHER, SPECIFY:												
(3.08)	<p>When you are away from the facility without authorized leave, do any of the following occur?</p> <p>INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.</p>	<table border="1"> <tr><td>a. Facility head / manager contacts you</td></tr> <tr><td>b. Your salary / allowance / bonus is reduced</td></tr> <tr><td>c. Manager discusses this with you</td></tr> <tr><td>d. Absences are reflected in your performance assessment</td></tr> <tr><td>e. Your coworkers speak to you about it</td></tr> <tr><td>f. Other, specify:</td></tr> </table>	a. Facility head / manager contacts you	b. Your salary / allowance / bonus is reduced	c. Manager discusses this with you	d. Absences are reflected in your performance assessment	e. Your coworkers speak to you about it	f. Other, specify:				
a. Facility head / manager contacts you												
b. Your salary / allowance / bonus is reduced												
c. Manager discusses this with you												
d. Absences are reflected in your performance assessment												
e. Your coworkers speak to you about it												
f. Other, specify:												
(3.09)	How many individual patients did you see on your last full working day? INTERVIEWER: PLEASE DO NOT COUNT GROUP SENSITIZATION OF MOTHERS/PATIENTS	NUMBER OF PATIENTS										

(4) Salary		RECORD RESPONSE
(4.01)	What is your current <u>monthly net</u> salary ?	TJ Somoni
(4.02)	What was your <u>monthly net</u> salary one year ago?	TJ Somoni
(4.04)	Over the past 2 years, has your salary increased because of the following reasons? INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.	a. Routine or general increase b. Other, specify: c.
(4.05)	In the last 12 months, did you receive all your due salary according to the payment schedule?	YES 1 ► (4.14) NO 2
(4.06)	What day of the month are you supposed to receive your salary?	INTERVIEWER: ENTER A NUMBER, EG 08 OR 21. MAX 31.
(4.07)	Last month, how many days was your salary delayed?	INTERVIEWER: ENTER A NUMBER, EG 08 OR 21. MAX 31. STILL NOT RECEIVED 77 (4.09) RECEIVED ON TIME 00
(4.08)	Have you received your salary in totality?	YES 1 NO 2
(4.09)	The previous month (2 months ago), how many days was your salary delayed?	INTERVIEWER: ENTER A NUMBER, EG 08 OR 21. MAX 31. STILL NOT RECEIVED 77 (4.11) RECEIVED ON TIME 00
(4.10)	Have you received it in totality?	YES 1 NO 2
(4.11)	In the last 12 months, those times that you did not receive your full salary on time, what reason was usually given for you not being paid? INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS REASON OR NOT. MENTIONED.....1 NOT MENTIONED.....2	a. LACK OF FUNDS b. SYSTEMIC DELAY / ADMINISTRATIVE PROBLEM c. SALARY WITHHELD TO SERVICE OUTSTANDING DEBTS d. NON-PAYMENT WAS NOT EXPLAINED e. RELATED TO PERFORMANCE / ABSENCE f. OTHER, SPECIFY:
(4.12)	For the last 12 months, have you received all the salary due to you, even if it was not according to the payment schedule?	YES 1 ► (4.14) NO 2
(4.13)	How many months' salary are you currently owed regarding the past 12 months?	NUMBER OF MONTHS (RANGE IS 1-12)

(4.14)	If you were to leave your current job, where would you go?	NGO WITHIN THE HEALTH SECTOR 01	
		OUTSIDE THE COUNTRY 02	
		PRIVATE HEALTH FACILITY 03	
		NON HEALTH ORGANIZATION 05	
		GOVERNMENT FACILITY 05	
		OTHER, SPECIFY: 96	
		OTHER, SPECIFY: 96	
(4.15)	What would be the lowest monthly net salary you would accept to work in your preferred job?	TJ Somoni	

(5)	Other Compensation		RECORD RESPONSE
(5.01)	Do you currently receive any of the following benefits as part of your primary job? INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.	a. Free or subsidized housing	
		b. Health care benefits and/or medicines	
		c. Free food/meals at work	
		d. Uniform for your work	
		e. Shoes for your work	
		f. Transport between work and home	
		g. Other, category	
(5.07)	How much did you receive in the last period or at your last ad hoc payment for the Rural Hardship allowance in TJ Somoni?	TJ Somoni	

(6) Supervision (internal and external)		
INTERNAL SUPERVISION		
Now I would like to talk with you about supervision of your work by people who also work in this facility.		RECORD RESPONSE
(6.01)	Within the facility, is there anyone who is responsible for supervising your work? This could include providing feedback on your performance, giving you advice, discussing your career with you?	YES 1
		NO 2 ► (6.07)
(6.02)	Within the facility, who is responsible for supervising your work?	Health facility head 01
		Head of service within the facility 02
		Other health worker in the facility 03
		Other, specify: 96
(6.03)	What is the position of your supervisor as designated by the Ministry of Health?	Family Physician 01
		Obstetrician/Gynecologist 02
		Clinical intern/junior doctor 03
		Midwife 04
		Family Nurse 05
		Feldsher 06
		Other, specify: 07
(6.04)	When was the last time you met with this internal supervisor to discuss your performance or your career development?	Within the past 30 days 01
		Within the past 31-90 days 02
		Within the past 4-6 months 03
		More than 6 months ago 04
(6.05)	Within the last 12 months, have you discussed any job difficulties with your internal supervisor?	YES 1
		NO 2 ► (6.07)
(6.06)	After these discussions, did you notice a lot of improvements, some improvements or no improvements?	A LOT OF IMPROVEMENTS 01
		SOME IMPROVEMENTS 02
		NO IMPROVEMENTS 03

EXTERNAL SUPERVISION			
Now I would like to talk with you about supervision of your work by people from outside of the facility.			RECORD RESPONSE
(6.07)	Outside of this health facility, is there anyone who is responsible for supervising your work? This could include providing feedback on your performance, giving you advice, discussing your career with you?	YES 1	
		NO 2 ► (7.01)	
(6.08)	Who outside the facility is responsible for supervising your work?	DHMT Official 01	
		PHO Official 02	
		MoH Official 03	
		Donor 04	
		Other, specify: 96	
(6.09)	In the last 12 months, how many times have you met with this external supervisor?	NUMBER OF TIMES	
(6.10)	When was the last time you met with your external supervisor to discuss your performance or your career development?	Within the past 30 days 01	
		Within the past 31-90 days 02	
		Within the past 4-6 months 03	
		More than 6 months ago 04	
		Never 05 ► (7.01)	
(6.11)	The last time that you met this external supervisor, what did [HE/SHE] do to supervise your work? INTERVIEWER: DO NOT READ CHOICES ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED	a. BROUGHT SUPPLIES / EQUIPMENT	
		b. CHECKED RECORDS	
		c. CHECKED FINANCES	
		d. OBSERVED CONSULTATION	
		e. ASSESSED KNOWLEDGE	
		f. PROVIDED HEALTH-RELATED INSTRUCTION	
		g. PROVIDED ADMINISTRATIVE INSTRUCTION	
		h. PROVIDED INSTRUCTION ON FILLING HEALTH MONITORING AND INFORMATION SYSTEMS (HMIS) FORMS	
		i. NOTHING	
		j. DISCUSSED MY PERFORMANCE AND/OR CAREER	
		k. INSPECTED FACILITY	
(6.12)	Within the last 12 months, have you discussed any job difficulties with your external supervisor?	YES 1	
		NO 2 ► (7.01)	
(6.13)	After these discussions, did you notice a lot of improvements, some improvements or no improvements?	A LOT OF IMPROVEMENTS 01	
		SOME IMPROVEMENTS 02	
		NO IMPROVEMENTS 03	

(7) Supplemental Income		
It is common for health workers to have additional work to their primary job at the health facility. I would like to ask you questions about additional work you might be doing. Please answer the following questions with regards to your supplemental activity.		RECORD RESPONSE
(7.01)	Do you have any other job or activity to supplement your income from this health facility?	YES 1 NO 2 ► (8.01)
(7.02)	What kind of job or activity is this?	
	INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.	
	a. Work in another government facility	
	b. Work in private clinic or private practice	
	c. Work in a pharmacy	
	d. Work in non-health related business other than farming	
	e. Farming	
	f. Other, specify:	
(7.03)	What is the main reason that you are doing this other job or activity?	
	INTERVIEWER: DO NOT READ OPTIONS ALOUD.	
	I CANNOT MAKE ENDS MEET ON MY PRIMARY INCOME	01
	HOURLY PAY IS LUCRATIVE IN THIS SECONDARY JOB	02
	I CAN GAIN EXPERIENCE THAT IS NOT AVAILABLE IN MY PRIMARY JOB.	03
	THE SECONDARY JOB HAS A BETTER ENVIRONMENT	04
	I CAN SEE PATIENTS I COULD NOT SEE DURING WORKING HOURS	05
	OTHER, SPECIFY:	96
(7.04)	How long have you been doing this additional job or activity? RECORD <u>BOTH</u> YEARS AND MONTHS.	
	a. YEARS	
	b. MONTHS (RANGE IS 0-11)	
(7.05)	How many hours did you spend on this other work <u>in the last 7 days?</u>	HOURS IN LAST 7 DAYS
(7.06)	What is your <u>monthly net</u> income in this other work in TJ Somoni? (based on last month)	TJ Somoni

(8) WHO well-being index

Now I will read five statements about how a person might be feeling. For each of the five statements, please indicate whether in the last two weeks, you have been feeling this way most of the time, more than half of the time, less than half of the time, only rarely, or never.

INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION. PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS.

	<u>RESPONSE CODE</u>	
	MOST OF THE TIME 1	RECORD RESPONSE
	MORE THAN HALF OF THE TIME 2	
	LESS THAN HALF OF THE TIME 3	
	NEVER 4	
(8.01)	In the past two weeks, I have felt cheerful and in good spirits....	
(8.02)	In the past 2 weeks, I have felt calm and relaxed...	
(8.03)	In the past 2 weeks, I have felt active and vigorous...	
(8.04)	In the past 2 weeks, I woke up feeling fresh and rested...	
(8.05)	In the past two weeks, my daily life has been filled with things that interest me....	

(9) Health Worker Satisfaction

In this part of the questionnaire I would like to ask you some questions regarding your satisfaction with your current job. All answers are confidential. I am going to read you a series of statements about your level of satisfaction with various aspects of your current job. For each of these aspects, please tell me whether you are satisfied, neither satisfied nor unsatisfied, meaning you are indifferent, or unsatisfied using these cards.

INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION. PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS.

	<u>RESPONSE CODE</u>	
	SATISFIED 1	RECORD RESPONSE
	NEITHER SATISFIED NOR UNSATISFIED, I.E. INDIFFERENT 2	
	UNSATISFIED 3	
(9.01)	Working relationships with other facility staff	
(9.02)	Working relationships with District/ Ministry of Health staff	
(9.03)	Working relationships with Management staff within the health facility	
(9.04)	Quality of the management of the health facility by the management staff within the health facility	
(9.05)	Quantity of medicine available in the health facility	
(9.06)	Quality of medicine available in the health facility	
(9.07)	Quantity of equipment in the health facility	
(9.08)	Quality and physical condition of equipment in the health facility	
(9.09)	Availability of other supplies in the health facility (compresses, etc.; office supplies)	
(9.10)	The physical condition of the health facility building	
(9.11)	Your ability to provide high quality of care given the current working conditions in the facility	
(9.12)	Your salary	
(9.13)	Overall, how satisfied are you with your job?	