

## INITIAL QUESTIONNAIRE – COHORT STUDY

Respondent code: [ _ _ _ _ ] (District code + enumerator code + HW number according to sequence of interviewing)
District:
Type and name of facility:
Date of interview:

### 1. RESPONDENT DETAILS:

I would like to start by asking some general questions about you:

1.1	Mark respondents' sex	01 [ ] Male	02 [ ] Female
1.2	What is your marital status?	01 [ ] Single	02 [ ] Co-habiting
		03 [ ] Married	04 [ ] Divorced
		05 [ ] Widowed	
1.3	How old are you?	[ _ _ ] <i>99 = Don't Know</i>	
1.4	What is your district of origin?	[ _____ ]	
1.5	What is the last grade of formal education you completed?	01 [ ] MCH Aide certificate	
		02 [ ] Certificate in Nursing	
		03 [ ] Diploma in Nursing	
		04 [ ] Degree in Nursing	
		05 [ ] Certificate in Midwifery (SRN)	
		06 [ ] Certificate in Midwifery (SECHN)	
		07 [ ] CHO Diploma	
		08 [ ] CHA Certificate	
		09 [ ] Other. Specify: [ _____ ]	
1.6	What type of facility do you work in?	01 [ ] CHC	
		02 [ ] CHP	
		03 [ ] MCHP	
		04 [ ] Other. Specify: [ _____ ]	
1.7	What is your professional title?	01 [ ] CHO	
		02 [ ] CHA	
		03 [ ] Nurse (RN)	
		04 [ ] Midwife (RN)	
		05 [ ] Nurse (SECHN)	
		06 [ ] Midwife (SECHN)	
		07 [ ] MCH Aide/Nurse	
		08 [ ] Other (specify:) [ _____ ]	
1.8	What is your Grade?	[ <i>should be between 2 and 5</i> ] [ _ ] [ <i>don't know = 99</i> ]	
1.9	What is your post or title within the facility?	01 [ ] In-charge	
		02 [ ] Staff member	
		03 [ ] Other. Specify: [ _____ ]	

1.10	<p>Do you have a specific role or duty within the facility? For example, you focus on specific services or wards?</p> <p>01 [ <input type="checkbox"/> ] No, I work on all services/wards every day → go to question 11</p> <p>02 [ <input type="checkbox"/> ] I rotate between services and wards → go to question 11</p> <p>03 [ <input type="checkbox"/> ] Yes, I work ONLY on some specific services / wards → go to question 10b</p>
1.10b	<p>If you work only on SOME specific services / wards, please list them: [<i>tick <b>all</b> relevant</i>]</p> <p>[ <input type="checkbox"/> ] HIV/AIDS</p> <p>[ <input type="checkbox"/> ] Malaria</p> <p>[ <input type="checkbox"/> ] TB</p> <p>[ <input type="checkbox"/> ] Family Planning</p> <p>[ <input type="checkbox"/> ] ANC / PoNC (antenatal care and post-natal care – pregnant and lactating women)</p> <p>[ <input type="checkbox"/> ] IMCI (integrated management of child illnesses – children)</p> <p>[ <input type="checkbox"/> ] EPI (vaccines)</p> <p>[ <input type="checkbox"/> ] Nutrition</p> <p>[ <input type="checkbox"/> ] Other. Please, specify: [ _____ ]</p>
1.11	<p>How many professional health staff work in this facility (ie. do not count the guards/helpers/cleaners)?</p> <p>[<i>fill in the number</i>] [ <input type="text"/> <input type="text"/> <input type="text"/> ]</p>

## 2. INCOME COMPONENTS

		When? (mm / yyyy)	Amount received (Le.)	For which period?
2.1	<b>Salary</b> ( <i>last received</i> )			
2.2	<b>Remote Area Allowance</b> ( <i>last received</i> )			01 [ <input type="checkbox"/> ] One off 02 [ <input type="checkbox"/> ] Previous week 03 [ <input type="checkbox"/> ] Previous month 04 [ <input type="checkbox"/> ] Previous quarter 05 [ <input type="checkbox"/> ] Other (specify):
2.3	<b>Performance-based Financing (PBF)</b> <i>[individual bonus!]</i> ( <i>last received</i> )			01 [ <input type="checkbox"/> ] One off 02 [ <input type="checkbox"/> ] Previous week 03 [ <input type="checkbox"/> ] Previous month 04 [ <input type="checkbox"/> ] Previous quarter 05 [ <input type="checkbox"/> ] Other (specify):
2.4	<b>Payment from facility revenues distributed to staff</b> ( <i>last received</i> )			01 [ <input type="checkbox"/> ] One off 02 [ <input type="checkbox"/> ] Previous week 03 [ <input type="checkbox"/> ] Previous month 04 [ <input type="checkbox"/> ] Previous quarter 05 [ <input type="checkbox"/> ] Other (specify):
2.5	<b>Top-up / salary supplementations</b> ( <i>last received</i> )			01 [ <input type="checkbox"/> ] One off 02 [ <input type="checkbox"/> ] Previous week 03 [ <input type="checkbox"/> ] Previous month 04 [ <input type="checkbox"/> ] Previous quarter 05 [ <input type="checkbox"/> ] Other (specify):

		Amount received (last month) - Le.
2.6	<b>DSA for training, workshops, etc.</b> <i>(received last month) [entire amount received]</i>	
2.7	<b>Income-generating activities <u>outside</u> the health sector</b> <i>(received last month)</i> <i>[for ex, trading or selling business, farming, etc.]</i>	

→ Thank the respondent. Now introduce and explain the logbook.