

## PHASE 1 - QUESTIONNAIRE

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I would be grateful if you could take time to answer the following questions. Your responses will be treated anonymously and the questionnaire should take about 15 minutes to complete.

1. What is your age category?

21 – 30	1
31 – 40	2
41 – 50	3
51 – 60	4
Over 60	5

2. What is your sex?

Female	1
Male	2

3. My current position is:

Sub-district Manager	1
Local Area Manager	2
District Focal Person	3
Facility Manager	4
Professional Nurse	5
Enrolled Nurse	6
Team Leader	7
Community Health Worker	8

4. How long have you worked in this position?

Less than 12 months	1
1 – 3 years	2
4 – 7 years	3
8 – 10 years	4
Over 10 years	5

5. Are you delegated to do other work other than the position you stated above (no.4)?

Yes	1
No	2

6. How long have you worked with this WBOT? .....

Ward..... Facility Name.....

7. How much time do you spend doing work related to the WBOT programme?

Daily	1
At least once a <b>week</b>	2
At least once a <b>month</b>	3
At least once a <b>quarter</b>	4
Never	5

8. Do you feel respected as part of the healthcare system?

Yes	1
No	2

9. Do you believe the WBOT programme is important for the communities?

Not at all important	1
Low importance	2
Neutral	3
Moderately important	4
Very important	5

10. Do you believe the health department (including facilities, district, province) views the WBOT programme as important?

Not at all important	1
Low importance	2
Neutral	3
Moderately important	4
Very important	5

Ward..... Facility Name.....

Please give an answer for each person listed on the left column.

List of people you work with...	11. I communicate about WBOT work with each of these people		12. I speak about sensitive personal issues with...  <i>(mark with X)</i>	13. The person who checks that I do my work as expected is...  <i>(mark with X)</i>	14. The person who gives me useful feedback on WBOT work is...  <i>(mark with X)</i>	15. The person who helps me resolve challenges in my work (e.g. staff relations, difficult community) is...  <i>(mark with X)</i>
	<i>Daily</i>	<b>1</b>				
	<i>Once a week</i>	<b>2</b>				
	<i>Once a month</i>	<b>3</b>				
	<i>Once a quarter</i>	<b>4</b>				
<i>Never</i>	<b>5</b>					
Firstname Surname						
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Firstname Surname						
Firstname Surname						
Other (Specify)						

Ward.....

Facility Name.....