

Magwi County health worker questionnaire

Personal Information

Q 1. The payam where I work is: (circle)

Nimule Pageri Mugali Magwi Parajok Lobone

Q 2. The type of place I work is: (circle)

Public health centre/unit/hospital Private clinic

Military medical corps Traditional herbalist or witch doctor

Q 3. Name of health facility: _____

Q 4. My job title is: _____

Q 5. My age is: (circle) *0-19 years 20-29 years 30-39 years*
40-49 years 50-59 years 60 years or older

Q 6. I am: (circle) *Male Female*
Yes No

Q. 7 I can read and write: (circle)

Q 8. My nationality is: (circle) *Sudanese Ugandan Other _____*

Q 9. My tribe is: (circle) *Madi Acholi Dinka Other _____*

Q 10. How long have you been working as a health worker in Magwi County? ___ years ___ months

Health services information

Q 11. Are most (more than 70%) of your patients from one tribe? *Yes No*

If yes, which tribe are most of your patients from? *Madi Acholi Dinka Other _____*

Q 12. How many patients do **you, personally**, see on a typical day? (circle)

0-5 6-10 11-15 16-20 21 or more

Q 13. Are you able to do any tests for patients at your facility? (circle) *Yes No*

Q 14. If yes, what kinds of tests are you able to do? (circle)

Malaria-RDT Malaria-microscope Typhoid Syphilis

Sleeping sickness-CATT

Sleeping sickness-microscope

HIV

Tuberculosis

Q 15. How often are these tests or reagents available to use? (circle)

Usually

Sometimes

Not very often

Referral practices

Q 16. Do you ever refer patients to another healthcare worker or facility? (circle) *Yes* *No*

Q 17. Where or who do you normally refer patients to? _____

Q 18. What are the most common conditions you refer patients for?

1 _____

2 _____

3 _____

4 _____

5 _____

Q 19. What is the most common reason you refer patients? (circle one answer)

Emergency cases I can't treat myself

Non-emergency cases I can't treat myself

Cases I can normally treat, but can't at that moment because I don't have the drugs

Cases in which I don't know what is causing the problem

Other reason _____

Q 20. When was the last time you referred a patient? (approximate date) _____

Q 21. Why did you refer that patient? _____

Q 22. How many patients did you refer yesterday? (circle) *0* *1-3* *4-10* *11 or more*

Q 23. How many patients have you referred in the last week? (circle)
0 *1-3* *4-10* *11 or more*

Q 24. Do you currently keep any records on referrals made by you or your facility? *Yes* *No*

Sleeping sickness

Q 25. Have you ever seen someone with sleeping sickness before? *Yes* *No*

Q 26. Since you have been working in Magwi County, have you ever suspected sleeping sickness in one of your patients before? *Yes* *No*

Q 27. If yes, did you refer them for a sleeping sickness test? *Yes* *No*

Q 28. How many patients have you referred for a sleeping sickness test in the last month?
 (circle) 0 1 2 3 4 5 or more

Q 29. Where do you normally refer for a sleeping sickness test? _____

Q 30. In your opinion, how common a problem are the following illnesses in Magwi County: (circle)

Malaria?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>
Typhoid?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>
Syphilis?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>
HIV?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>
Tuberculosis?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>
Sleeping sickness?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>
Mental illness?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>
Drunkenness?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>
Poisoning?	<i>Not common</i>	<i>Somewhat common</i>	<i>Very common</i>

Q 31. Of these problems just listed, which do you feel are the three most important problems in this area?

1. _____ 2. _____ 3. _____

Q 32. Is this a sign or symptom of sleeping sickness?

Fever for 2 days	Yes	No	<i>I don't know</i>
Fever for a week or more	Yes	No	<i>I don't know</i>
Severe headache	Yes	No	<i>I don't know</i>
Cough	Yes	No	<i>I don't know</i>
Itching skin	Yes	No	<i>I don't know</i>
Daytime sleeping	Yes	No	<i>I don't know</i>
Loss of appetite	Yes	No	<i>I don't know</i>
Increase in appetite	Yes	No	<i>I don't know</i>
Abdominal pains	Yes	No	<i>I don't know</i>
Difficulty walking	Yes	No	<i>I don't know</i>
Infertility	Yes	No	<i>I don't know</i>
Convulsions	Yes	No	<i>I don't know</i>
Not wanting to talk to others	Yes	No	<i>I don't know</i>
Seeing or hearing things that are not there	Yes	No	<i>I don't know</i>

Q 33. What do you hope to get out of this workshop? _____
