QUESTIONNAIRE FOR THE HOME-BASED CARE GIVER

Thank you for particip	ating in this re	esearch. Pie	ase cross ti	ne most sui	table ansv	wer. Exa	mpie:
Gender of HBCG:	Male	Fe	male				X
Age group:	20-30	31-40	41-50	51	-60	61-70	
Education level (grade	e): 8	9		10	11		12
Tertiary education:	Certifi	cate Di _l	oloma	National [Diploma	Degre	ee]
Name of the qualificat	ion:						
WORK							
Number of years emp	loyed: 0-5	6-10 11	16-2	0 21-25	26-30	31-35	36-40
Employed full time:	Yes		No				
WORK LOAD							
Houses you visit a day	:	1	2	3 4	5	6	7

Highest number of patients in	n a house:	1 2 3	4 5	6 7
PATIENTS				
Gender of patients:	Numbers of fe	emales N	umbers of males	
Education level of patients:	No schooling	Schooling	g Tertia	ry
Employment of patients:	Number of em	nployed N	umber of unemploy	ved
Means of income for the pati	ents: Salary	Pension	Busine	ess
	Govern	nment grant	No income	
HEALTH CARE RISK WASTE				
What is the health care risk v	waste that you	generate in a da	y?	
Health care risk waste	Yes	No	Somet	imes
Gloves				
Aprons				

Cotton wool

Bandages

Gauze

Plasters

Nappies					
Pads					
Needles					
Syringes					
Toilet paper					
Medication containers					
Expired medication					
Other					
List other:					
Amount of health risk waste you	generate in a day				
Half a bag 1 full bag 2 fu	ıll bags 3 full bags	4 full bags	5 full bags		
What do you do with the genera	ted health care risk w	aste?			
Leave it in the homestead Flush the waste		Burn	Burn the waste		
		[
Throw it away Take it witl	h you to the clinic	Take it home	with you		
Storage containers of waste					
Plastic bags Wa	ste storage containers		Both		
Health care risk waste training					
Have you been trained on health	care risk waste?	Yes	No		

Do you want training on health care risk waste?	Yes	No
PROTECTIVE CLOTHING		
Do you wear gloves when you are working?	Yes	No
Do you wear mouth masks when you are working?	Yes	No
Do you wear aprons when you are working?	Yes	No
Do you sanitise your hands after each visit?	Yes	No
Have you been injured when you are working?	Yes	No
WORKING CONDITIONS		
Are you provided counseling? If yes, are the counseling sessions sufficient?	Yes	No
in yes, are the counseling sessions sufficient:	Yes	No