

**THIS QUESTIONNAIRE IS ONLY FOR PHARMACISTS, DIETICIANS, NUTRITIONISTS, PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS AND MEDICAL SOCIAL WORKERS**

**EVALUATION OF ENHANCED PRIMARY HEALTHCARE (EnPHC) PROVIDERS QUESTIONNAIRE**

*Instruction:*

Where check boxes  are provided, check (✓) one or more boxes.

Where radio buttons  are provided, check (✓) one box only.

Name of KK: \_\_\_\_\_

Date of survey conducted: \_\_\_\_\_

**This entry belongs to:**

Cross-sectional (Baseline)

Cross-sectional (Post-intervention)

<p><b>EnPHC</b> <b>Provider ID:-</b></p> <p>_____</p>
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No	Question	Response categories
<b>(A) PROVIDER DEMOGRAPHICS</b>		
1.	Sex	<input type="radio"/> Male <input type="radio"/> Female
2.	Date of birth	__ / __ / ____ ( dd / mm / yyyy)
3.	Level of education	<input type="radio"/> Secondary Education (e.g. SPM) <input type="radio"/> Certificate/Diploma <input type="radio"/> Bachelor Degree <input type="radio"/> Master Degree <input type="radio"/> Other Specify: _____
4.	Please select one of the following discipline categories	<input type="radio"/> Pharmacist <input type="radio"/> Dietician <input type="radio"/> Nutritionist <input type="radio"/> Physiotherapist <input type="radio"/> Occupational therapist <input type="radio"/> Medical social worker <input type="radio"/> Others, specify: _____
5.	Are you a permanent staff in this KK?	<input type="radio"/> Yes <input type="radio"/> No If No, Specify which is your permanent KK/Facility _____

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6.	Are you currently a visiting staff in other KK(s)?	<input type="radio"/> Yes  If yes, please specify the KK(s) you visit. Please rank in order from highest workload (1) to lowest workload (10)  <table border="1" data-bbox="619 465 1445 1003"> <tr><td>1. KLINIK</td></tr> <tr><td>2. KLINIK</td></tr> <tr><td>3. KLINIK</td></tr> <tr><td>4. KLINIK</td></tr> <tr><td>5. KLINIK</td></tr> <tr><td>6. KLINIK</td></tr> <tr><td>7. KLINIK</td></tr> <tr><td>8. KLINIK</td></tr> <tr><td>9. KLINIK</td></tr> <tr><td>10. KLINIK</td></tr> </table> <input type="radio"/> No		1. KLINIK	2. KLINIK	3. KLINIK	4. KLINIK	5. KLINIK	6. KLINIK	7. KLINIK	8. KLINIK	9. KLINIK	10. KLINIK
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7.	Duration in service	__ Years __ Months											
8.	Duration in primary care (KK, KKIA, KD, K1M & KK UTC)	__ Years __ Months											
9.	What is your role in this clinic? (more than one answer is possible)	<input type="checkbox"/> Part of the Family Doctor Concept (FDC)/ Family Health Care Team (FHT) <input type="checkbox"/> Care Coordinator (CC) <input type="checkbox"/> Triage staff <input type="checkbox"/> MCH <input type="checkbox"/> None of the above	Tasks of CC include: -Ensure relevant tests/examinations were done on time. -Trace defaulters (visit and medication defaulters) -Monitor performance of NCD management and target (audit) -Coordinate patients' referral and counter referral										

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<b>(B) WORKLOAD</b>			
11.	How many hours do you work per week? (exclude out-of-hours service/ on-call/ additional jobs/locum)	38.5 hours per week	
12.	How many of these hours do you spend on direct patient care? (including consultation, home visits, telephone consultations Excluding administrative work, meetings, CME)	__ hours per week	
13.	How many patient contacts do you have on a normal working <b>day</b> ? (Including all patient contact in all your visiting clinic(s) if you are a visiting staff)		
13a.	Face to face	___ patients	
13b.	By Telephone	__ patients	
14.	On average, how long does a regular diabetes/hypertension/hyperlipidaemia <b>consultation</b> usually take?	_____ minutes	
15.	In a normal working <b>week</b> , how many patients do you see:		
15a.	At home visits	___ patients	
15b.	In other health facility or settings (e.g. school/prison/orphanages)	___ patients	
15c.	In community-based programs (e.g. KOSPEN)	___ patients	
16.	<p>In the <b>past working month</b> (excluding holidays etc), how often and for how long did you have on-call duties during evenings, nights and weekends?</p> <p>* Only include <u>time spent attending cases</u> during the passive on-call period and extended hours</p> <p>For the question of evening/night/weekend, the calculation for “How many times” would be how many times you were called to the clinic and the “total” is the total hour(s) spent working in the clinic during that passive on-call period.</p> <p>Example, Your passive on-call period in February was for 2 consecutive weeks. If you were called to the clinic 3 times during passive on-call period and no extended hours work. Answer: How many times: 3 Total: (no. of hours spent – 1<sup>st</sup> time) + (no. of hours spent – 2<sup>nd</sup> time)+ (no. of hours spent – 3<sup>rd</sup> time)</p>	During evening(s) (5pm - 10pm)	How many times: __ Total: ___ hours
		During night(s) (10pm - 8am)	How many times: __ Total: ___ hours
		During weekend	How many times: __ Total: ___ hours

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<b>(C) QUALITY OF CARE</b>		
<b>No</b>	<b>Question</b>	<b>Response categories</b>
17.	Do you use clinical guidelines in the treatment of the following:	
17a.	Diabetes	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify the guidelines used: <input type="checkbox"/> MOH CPG Management of T2DM, 5 <sup>th</sup> Edition <input type="checkbox"/> MOH CPG Management of T2DM, 4 <sup>th</sup> Edition <input type="checkbox"/> NICE Guideline T2DM in Adults: Management <input type="checkbox"/> ADA Standards of Medical Care in Diabetes <input type="checkbox"/> AACE/ACE Comprehensive T2DM Management Algorithm <input type="checkbox"/> AACE/ACE DM Guidelines <input type="checkbox"/> Others, please specify (please attach)_____
17b.	Hypertension	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify the guidelines used: <input type="checkbox"/> MOH CPG Management of Hypertension, 4 <sup>th</sup> Edition <input type="checkbox"/> MOH CPG Management of Hypertension, 3 <sup>rd</sup> Edition <input type="checkbox"/> JNC 8 Guidelines for the Management of Hypertension <input type="checkbox"/> AACE/ACE Hypertension Guideline <input type="checkbox"/> National Heart Foundation of Australia: Guideline for the Diagnosis and Management of Hypertension in Adults <input type="checkbox"/> ESH/ESC Guidelines for the Management of Arterial Hypertension <input type="checkbox"/> Others, please specify (please attach)_____
17c.	Dyslipidaemia	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify the guidelines used: <input type="checkbox"/> MOH CPG Management of Dyslipidemia, 5 <sup>th</sup> edition <input type="checkbox"/> MOH CPG Management of Dyslipidemia, 4 <sup>th</sup> edition <input type="checkbox"/> MOH CPG Management of Dyslipidemia. 3 <sup>rd</sup> edition <input type="checkbox"/> AACE Management of Dyslipidemia and Prevention of CVD <input type="checkbox"/> ESC CPG Management of Dyslipidemia <input type="checkbox"/> Others, please specify (please attach)_____
18.	In the past 12 months, have you been involved in a disease management programme for patients with the following chronic conditions? (such programmes are multidisciplinary approaches across practices, often based on protocols.)  Diabetes Hypertension Dyslipidaemia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

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<b>(D) CONTINUITY OF CARE</b>				
19.	Among the referrals that you have received over the past one month, how frequent did you receive patient's disease-related information from the referring provider?	<input type="radio"/> Yes, always or usually <input type="radio"/> Only occasionally <input type="radio"/> Rarely or never <input type="radio"/> Not applicable		
20.	To what extent do medical specialists feedback to you after they have finished the treatment or diagnostics of your patients?	<input type="radio"/> Almost always <input type="radio"/> Usually <input type="radio"/> Occasionally <input type="radio"/> Seldom or never <input type="radio"/> Not applicable		
21.	After a patient has been discharged, how long does it usually take to receive a (summary) discharge report from the hospital most frequented by your patients?	<input type="radio"/> 1-4 days <input type="radio"/> 5-14 days <input type="radio"/> 15-30 days <input type="radio"/> More than 30 days <input type="radio"/> I rarely or have never received a discharge report <input type="radio"/> Not applicable		
22.	To what extent are you involved in health education as regards the following topics: (more than one answer possible)	Not Involved	In connection with normal patients contacts  (During one to one consultation)	In group sessions or special programmes
22a.	Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22b.	Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22c.	Physical Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>(E) JOB SATISFACTION</b>					
<b>To what extent do you agree with the following statements?</b>		<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
23.	I feel that some parts of my work do not really make sense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	My work still interests me as much as it ever did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	My work is overloaded with unnecessary administrative detail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	I have too much stress in my current job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	Being a healthcare provider is a well-respected job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	In my work there is a good balance between effort and reward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>(G) INTEGRATED SPECIALIZED SERVICES</b>						
<b>For the past 1 month,</b>		<b>Never</b>	<b>Seldom</b>	<b>Occasionally</b>	<b>Usually</b>	<b>Always</b>
29.	When a patient is referred to you, how often do you receive the NCD Care form?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>