

Annex F. Health Worker questionnaire

FOR ADMINISTRATIVE USE ONLY	
Record number	
Data collector name	
Date of data collection	

1.	Facility name	
2.	Participant cadre	<input type="checkbox"/> (1) Physician <input type="checkbox"/> (2) Nurse <input type="checkbox"/> (3) Pharmacy technician <input type="checkbox"/> (4) Counselor <input type="checkbox"/> (5) Expert client / lay worker <input type="checkbox"/> (6) Other, specify: _____
3.	What tasks do you regularly perform related to LPV/r pellets?	
3a.	<i>Prescribing pellets</i>	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No
3b.	<i>Demonstrating use of pellets</i>	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No
3c.	<i>Counseling caregivers providing pellets</i>	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No
3d.	<i>Dispensing pellets</i>	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No
4.	Rank the following training methods of components in terms of which was most useful for you in understanding how to provide services related to pellets. <i>Rank THREE of the options with 1 being the most useful.</i>	_____ Powerpoint slides _____ Didactic session _____ Practical session _____ Verbal instructions from supervisor (i.e clinic supervisor, charge nurse, clinical mentor etc..) _____ Personal experience handling the pellets
5.	After the training provided, did you feel confident to provide services related to the pellets?	<input type="checkbox"/> (1) Very confident <input type="checkbox"/> (2) Somewhat confident <input type="checkbox"/> (3) Somewhat not confident <input type="checkbox"/> (4) Not at all confident
6.	What suggestions do you have for improving the training session?	

ASK THE FOLLOWING QUESTIONS ONLY FOR PEOPLE INVOLVED IN DEMONSTRATING USE OF PELLETS

7.	How many caregivers have you counseled and demonstrated administration of pellets for	<input type="checkbox"/> (1) More than 15 caregivers <input type="checkbox"/> (2) 10 to 14 caregivers <input type="checkbox"/> (3) 5 to 9 caregivers <input type="checkbox"/> (4) 1 to 4 caregivers
8.	How many minutes does it usually take to do the first demonstration for a new patient switching to LPV/r oral pellets?	<input type="checkbox"/> (1) Less than 5 minutes <input type="checkbox"/> (2) 5 to 10 minutes <input type="checkbox"/> (3) 11 to 15 minutes <input type="checkbox"/> (4) Greater than 15 minutes
9.	How well do you think the caregivers usually understand the administration guidelines after the first session?	<input type="checkbox"/> (1) Very well <input type="checkbox"/> (2) Somewhat well <input type="checkbox"/> (3) Not at all
10.	How often do you observe the following challenges if the first administration of the pellets is observed?	
11a.	<i>Did not like taste</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
11b.	<i>Difficulty swallowing</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
11c.	<i>Vomiting</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
11d.	<i>Difficult opening capsules</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
11e.	<i>Difficulty finishing all pellets</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
11.	How often do caregivers express the following concerns in the first session?	
12a.	<i>Not having food available</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
12b.	<i>Not sure if the child is getting the right dose</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
12c.	<i>Timing of pellets relative to other medications</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
12d.	<i>Forgetting other medications</i>	<input type="checkbox"/> (1) Often <input type="checkbox"/> (2) Sometimes <input type="checkbox"/> (3) Never
12.	What are some of the questions that caregivers often ask during the first session?	