

Human Resources for Health Assessment in Kaduna state
QUESTIONNAIRE FOR HEALTH TRAINING INSTITUTIONS

IDENTIFICATION							
Name of school or facility : _____	School or Facility code: <table border="1" style="float: right; width: 100px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>						
Discipline: Medicine 1 Nursing 2 Midwifery 3 Dentistry 4 Pharmacy 5 Physiotherapy 6 Other (specify) : _____ 7	School operated by: Government 1 Private, for-profit entity 2 Faith based or non-profit organization 3						
Name of LGA: _____	LGA code: <table border="1" style="float: right; width: 100px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>						
Name and code of field investigator: <table border="1" style="float: right; width: 100px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			Urban/rural: State city 1 Other urban 2 Rural 3				
Result of final interview: Date of interview: Completed 1 Partially completed 2 Refused 3 Reason: _____	Date of interview: <table style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> <tr> <td><table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table></td> </tr> </table>	Day	Month	Year	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>
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Occupation of the main respondent to the training institutions questionnaire: Administrative/support personnel 1 Doctor 2 Nurse 3 Midwife 4 Dentist 5 Pharmacist 6 Physiotherapist 7 CHO 8 CHEW 9 Other (specify) : _____ 10							
<p><i>READ TO RESPONDENT:</i></p> <p>The SMOH and PATHS2 are conducting a survey on health and human resources. We would like to interview you on the medical programmes offered at this school.</p> <p>I will ask you some questions about the degrees offered, number of students and graduates, and some other general characteristics. The information you provide will be used to understand about planning and training of health professionals in Kaduna state.</p> <p>The information you provide is totally confidential and will not be disclosed to anyone. It will be used only for research purposes. Your name and the name and location of this institution will be removed from the questionnaire, and only a code will be used to connect your answers with the institution, without identifying you. Your participation is voluntary: you are free to refuse to answer any question or show any documents mentioned in the questionnaire. If you have any questions about this survey, you may ask me or contact PATHS2 Kaduna office</p> <p>Are you willing to participate in this survey?</p> <p>Agreed [] Refused []</p>							

