

# Healthcare worker Survey

Record ID

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Date of survey

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Questionnaire code

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Facility type

- ☐ Clinic  
☐ Health Center  
☐ Hospital

Facility location

- ☐ Urban  
☐ Semi-urban  
☐ Rural

## Section B: SURVEY

### Sociodemographic details and Occupational History

Age

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Gender

- ☐ Female  
☐ Male  
☐ Other

Region of residence

- ☐ Hhohho  
☐ Lubombo  
☐ Manzini  
☐ Shiselweni

Region hospital is located

- ☐ Hhohho  
☐ Lubombo  
☐ Manzini  
☐ Shiselweni

Occupation

- ☐ Nurse  
☐ Doctor

Nature of work

- ☐ Direct patient care  
☐ Programmatic  
☐ Other

Highest education qualification

- ☐ Certificate  
☐ Diploma  
☐ Degree  
☐ Postgraduate

Total number of years in profession

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Number of years providing care for TB patients

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Have you received training for non-communicable diseases?

☐ No  
☐ Yes

Have you been trained on TB/Non-communicable disease care?

☐ No  
☐ Yes

Have you been trained specifically for TB/Diabetes?

☐ No  
☐ Yes

Number of in-service training received in the last 12 months

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### Patient care related questions

How many clinical staff (doctors and nurses) provide care for TB patients in your hospital?

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In a month how many TB patients on average present with a non-communicable disease (NCD) in your facility e.g., hypertension, diabetes, asthma

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What is the commonest non-communicable disease they present with?

☐ Asthma  
☐ Cancer  
☐ Diabetes  
☐ Hypertension

In a month how many TB patients present with Diabetes Mellitus (This is baseline blood glucose >7.0 mmol/dl)?

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### Indicate Yes/No if the following are readily available at your health facility:

	No	Yes
Policy document on TB care	<input type="radio"/>	<input type="radio"/>
Current National TB Treatment guidelines	<input type="radio"/>	<input type="radio"/>
Standard Operating Procedure (SOP) for the care of TB patients with diabetes mellitus	<input type="radio"/>	<input type="radio"/>
Training requirement for staff on non-communicable diseases	<input type="radio"/>	<input type="radio"/>
Essential medicines list	<input type="radio"/>	<input type="radio"/>

If a TB patient has DM, is the treatment offered at the same consultation room?

☐ No  
☐ Yes

Does your facility provide Hba1c?

☐ No  
☐ Yes

Does your facility provide fasting/random blood sugar test?

☐ No  
☐ Yes

**Indicate Yes/No if the following services are offered to TB clients at baseline:**

	No	Yes
HIV Test	<input type="radio"/>	<input type="radio"/>
Fasting/random blood sugar	<input type="radio"/>	<input type="radio"/>
Hba1c	<input type="radio"/>	<input type="radio"/>
Blood pressure measurement	<input type="radio"/>	<input type="radio"/>

**Indicate Yes/No if the following services are offered to TB clients during follow-up visits**

	No	Yes	Sometimes
HIV Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fasting/random blood sugar test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hba1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Indicate if the following are available or not available for TB patient screening at your OPD**

	Not Available	Available
Sphygmomanometer	<input type="radio"/>	<input type="radio"/>
Weighting scale	<input type="radio"/>	<input type="radio"/>
Glucometer	<input type="radio"/>	<input type="radio"/>
Urinalysis test strips	<input type="radio"/>	<input type="radio"/>

**Indicate Yes/No if the following medications are available for dispensing at your facility**

	No	Yes	Sometimes
Insulin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Diabetes drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antihypertensive drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-asthmatic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Indicate Yes/No if there has been a stock-out of the following medications at your hospital in the last six months**

	No	Yes
Glucometer test strips	<input type="radio"/>	<input type="radio"/>
Urinalysis test strips	<input type="radio"/>	<input type="radio"/>
Insulin	<input type="radio"/>	<input type="radio"/>
Oral Diabetes medication	<input type="radio"/>	<input type="radio"/>
Antihypertensive medications	<input type="radio"/>	<input type="radio"/>
At least one 1st line TB medication	<input type="radio"/>	<input type="radio"/>