

Healthcare Worker Planning Meeting Questionnaire

This questionnaire is intended for Healthcare Workers participating in the Real-Time Biosurveillance Program: Pilot Project workshop in the District of Kurunegala. The information gathered through this exercise is for the purpose of the RTBP project and is not to be distributed without the consent of Sarvodaya Shanthi Sena Sansadaya.

Each participating Healthcare Worker should complete this questionnaire to the best of your knowledge. Thereafter, submit this form with your answers to Shanthi Sena Sansaday, 98 Rawathawatta road, Moratuwa. If you have any questions related to this questionnaire, please contact Mr. Ravindra Kandage, Director, Shanthi Sena; telephone 0112 655049 or email: sarvoshanthi@sltnet.lk.

Through this exercise the project aims to understand the background of the healthcare workers (i.e. the users of the ICT system) and their working environments as a precursor to defining the user requirements and studying the design challenges before developing the ICT system.

Mandatory Information [you must answer all the questions]

[A] Personal Information:

Your name	Telephone No
Title	Email
Town/Village	MOH Division

[B] Demographic Information:

(1) Write the name of the villages you will be working and the basic demographic information

	Village Name	Population	No. of Families
	Suwadana Center		
	Other		

(2) Indicate the number of government and private health facilities and General Practitioners that are accessible to the people in the villages mentioned in (1) and the average number of patients visiting each *type* of facility and the average serves per week. Example, if there are 3 Clinics in your area: A, B, & C and the average number of cases served by A=35 B=45, and C=60, then the answer you should write in the box below, corresponding to the row: “Average Visits” is 46.

Type	Hospitals:					Other facilities:				Individuals
	General	Base	District	Peripheral Unit	Rural	Clinics	Dispensaries	Healthcare Centers	Maternity Homes	General Practitioner
Number of facilities:										
Avg weekly Visits										

Write your name here:

[C] Knowledge on Disease Surveillance:

(3) Have there been disease outbreaks in the communities mentioned in (1)? (“**CIRCLE**” one of the boxes with your choice for an answer)?

YES	NO
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If yes, explain what they were, when they happened, and number people infected.

If the answer is No, explain.

(4) Are you aware of the national disease notification system? (“**CIRCLE**” one of the boxes with your choice for an answer)

YES	NO
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If yes, explain how the system works.

If the answer is No, explain.

(5) Name 5 of the diseases considered to be notified under the national disease notification system?

- 1.
- 2.
- 3.
- 4.
- 5.

Write your name here:

(6) Give examples of 5 communicable diseases and 5 non communicable diseases.

Communicable diseases	Non Communicable diseases
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

[D] Technology Readiness:

(7) Do you use a mobile phone? (“**CIRCLE**” one of the boxes with your choice for an answer)?

YES	NO
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(8) In the past 3 months, have you used any of the following, non voice based, technologies on your mobile phone to send or receive information? (“**CIRCLE**” the boxes that apply to you)

SMS	MMS	Email	Internet	Other
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(9) In the past 3 months, have you used any of the following technologies on your mobile phone to send or receive health related information? (“**CIRCLE**” all the boxes that apply to you)

Voice	SMS	MMS	Email	Internet	Other
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(10) In the past 3 months, have you used a personal computer to send or receive health related information via email or the Internet? (“**CIRCLE**” one of the boxes with your choice for an answer)

YES	NO
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(11) Using a mobile phone to send and receive health information would make my job easier? (“**CIRCLE**” one of the boxes with your choice for an answer)

STRONGLY agree	AGREE	DISAGREE	STRONGLY disagree
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Comments:

Write your name here:

(12) Using a mobile phone to send and receive health information would improve the healthcare service provided in my community (“**CIRCLE**” one of the boxes with your choice for an answer)?

STRONGLY agree	AGREE	DISAGREE	STRONGLY disagree
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Comments:

[E] Strengths and Weaknesses of the technology demos:

(13) What attributes would you add or delete in the mobile phone software data entry form?

Add	Delete
Comments:	

(14) What feature or information would you like to add or delete from the analysis software displays?

Add	Delete
Comments:	

(15) What information would you like to add or delete from the weekly disease surveillance reports and the disease detection notification alerts?

Add	Delete
Comments:	