

DEMOGRAPHIC AND HEALTH SURVEYS
MODEL FIELDWORKER QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

LANGUAGE OF
QUESTIONNAIRE **ENGLISH**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<p>INSTRUCTIONS</p> <p>Information on all [DHS] field workers is collected as part of the [DHS] survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.</p>			
102	In what [PROVINCE/REGION/STATE] do you live?	[PROVINCE/REGION/STATE] 01 [PROVINCE/REGION/STATE] 02 [PROVINCE/REGION/STATE] 03 [PROVINCE/REGION/STATE] 04 [PROVINCE/REGION/STATE] 05 [PROVINCE/REGION/STATE] 06 [PROVINCE/REGION/STATE] 07 [PROVINCE/REGION/STATE] 08 [PROVINCE/REGION/STATE] 09 [PROVINCE/REGION/STATE] 10	
103	Do you live in a city, town, or rural area?	CITY 1 TOWN 2 RURAL 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED 1 LIVING WITH A MAN/WOMAN 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES 1 NO 2	
109 (1)	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110 (1)	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110A	Have you ever received clinical, medical, or laboratory training or worked in healthcare?	YES 1 NO 2	→ 111
110B	What is your current occupational category or qualification? For example, are you a registered nurse, doctor, or laboratory technician?	MEDICAL DOCTOR 01 ASSISTANT MEDICAL OFFICER 02 CLINICAL OFFICER 03 ASSISTANT CLINICAL OFFICER 04 REGISTERED NURSE/MIDWIFE 05 ENROLLED NURSE/MIDWIFE 06 NURSE ASSISTANT/ATTENDANT 07 LABORATORY SCIENTIST 08 LABORATORY TECHNOLOGIST 09 LABORATORY TECHNICIAN 10 LABORATORY ASSISTANT 11 NO TECHNICAL QUALIFICATION 95 OTHER _____ 96 (SPECIFY)	
111 (2)	What is your religion?	[RELIGION] 01 [RELIGION] 02 [RELIGION] 03 [RELIGION] 04 [RELIGION] 05 [RELIGION] 06 NO RELIGION 95 OTHER _____ 96 (SPECIFY)	
112 (2)	What is your ethnicity?	[ETHNICITY] 01 [ETHNICITY] 02 [ETHNICITY] 03 [ETHNICITY] 04 [ETHNICITY] 05 [ETHNICITY] 06 OTHER _____ 96 (SPECIFY)	
113	What languages can you speak? RECORD ALL LANGUAGES YOU CAN SPEAK.	[LANGUAGE] A [LANGUAGE] B [LANGUAGE] C [LANGUAGE] D [LANGUAGE] E [LANGUAGE] F OTHER _____ X (SPECIFY)	
114	What is your mother tongue/native language (language spoken at home growing up)?	[LANGUAGE] 01 [LANGUAGE] 02 [LANGUAGE] 03 [LANGUAGE] 04 [LANGUAGE] 05 [LANGUAGE] 06 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
115 (3)	Have you ever worked on: a) a [DHS] prior to this survey? b) an [MIS] prior to this survey? c) any other survey prior to this survey?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) [DHS]</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) [MIS]</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) OTHER SURVEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) [DHS]	1	2	b) [MIS]	1	2	c) OTHER SURVEY	1	2	
	YES	NO													
a) [DHS]	1	2													
b) [MIS]	1	2													
c) OTHER SURVEY	1	2													
116	Were you already working for [NAME OF IMPLEMENTING AGENCY 1 or NAME OF IMPLEMENTING AGENCY 2] at the time you were employed to work on this DHS?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES, [IMPLEMENTING AGENCY 1]</td> <td style="text-align: center;">1</td> </tr> <tr> <td>YES, [IMPLEMENTING AGENCY 2]</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	YES, [IMPLEMENTING AGENCY 1]	1	YES, [IMPLEMENTING AGENCY 2]	2	NO	3	→ 118						
YES, [IMPLEMENTING AGENCY 1]	1														
YES, [IMPLEMENTING AGENCY 2]	2														
NO	3														
117	Are you a permanent or temporary employee of [NAME OF IMPLEMENTING AGENCY 1 or NAME OF IMPLEMENTING AGENCY 2]?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>PERMANENT</td> <td style="text-align: center;">1</td> </tr> <tr> <td>TEMPORARY</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	PERMANENT	1	TEMPORARY	2									
PERMANENT	1														
TEMPORARY	2														
118	If you have comments, please write them here.														

(1) Revise according to the local education system.

(2) To be included in the Fieldworker Questionnaire when the survey includes this question in the Individual Questionnaire.

(3) Replace [DHS] and [MIS] with the local acronyms of the DHS and MIS surveys. Delete MIS from the question in countries that have not had a previous MIS.